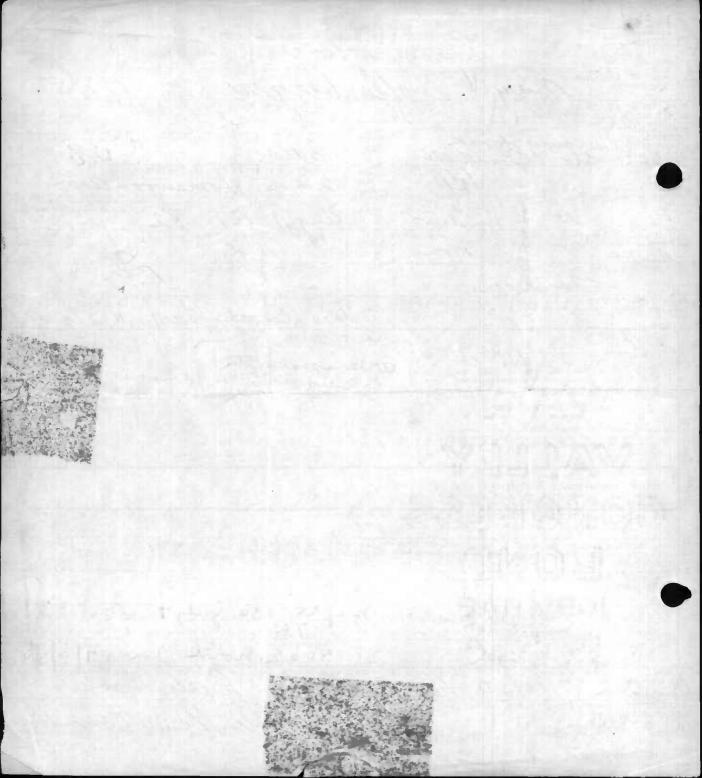
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)	6001			TIMORE CITY HE	EALTH DEPARTMENT	r Register		600i
	RTH NO.			1 / A	A DEATH		/	1
	NAME OF D ype or Print)	Ma	ry V.	Hoffen	berger	2. DATE OF DEATH	7/7/	50
Α.		City, Maryland		///	4. USUAL RESIDENCE	(Where deceased live B. COUNT		n: residence efore admission)
HO	FULL NAME OSPITAL OR STITUTION	Jursing	Homes	ion, givelarlet address or location)	c. CITY OR TOWN (If outside corporate	imits, write R	URAL and give
2	305	st. 10	Paul		13 ald.0.	1	-02	township)
C.	Dength of s	tay in Baltimore	Top	Yrs. Mos. Days	2225 X	grural, give location	I am	_
5.	SEX.	6. COLOR OR RACE	WIDOW	E, MARRIED, YED, DIVORCED (Specify)	B. DATE OF BIRTH aug. 11, 186"	9. AGE (In year last birthday)	Months Day	ff Under 24 Hours Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of working life, even if retired	10B. KIND	OF BUSINESS OR INDUSTRY	11. BINTHPLACE (State or McL	foreign country)		IZEN OF AT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
		Jack	m					
15 (Yes	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO.	Mrs. Plarathy	Barry	ADDRESS,	gull t
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							
OTHER SIGNIFICANT CONDITIONS CON- UTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.								
	19a. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20 YE	AUTOPSY?
1EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR?							
Σ	21D. TIME ((Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?		
	22. I hereb deceased al	ive on hay 2		deceased from and that death occur		the causes and	on the date	l last saw the stated above.
24	IA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE pecify)	50	M. D. 24d NAME OF CEMETE		COCATION (City, to	own, or count	113
DA	TE RECEIVE	BY REGISTRAN	'S SIGNATU	IRE	25 FUNERAL DIRECTOR	He. 4101	Edmin	udsoro
	VS 150	The state of the s	~ ///tic	uus ja s			93)	am



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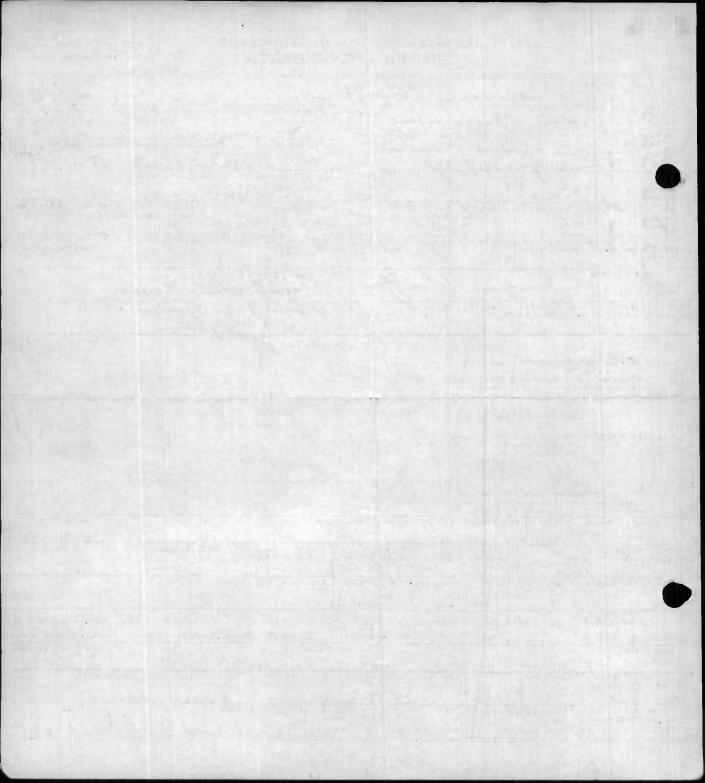
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6002

Registered No.

211	TH NO.						
Ту	NAME OF DE pe or Print)	ECEASED C	shein	e Schaf	1	2. DATE OF DEATH	96/50
A		ity, Maryland		inoces	4. USUAL RESIDENCE (Where decease lived, I	finstitution: residence before admission)
10	SPITAL OR	0.	Sindus	on vive street address or		outside corporate lim	its, write RURAL and give
NS	STITUTION	Vone C	on Re	aged	Bal	limon	10-0 township)
		/		Yrs. Mos.		rural, give location)	70
-	Length of st	tay in Baltimo		Days Days	1200 Va	La AGA (ID VERTS)	Willinder 3 Year If Under 24 House
	4-	w.	WIDOW	ED, DIVORCED (Specify)	ang. 6, 1870	79	if Under 1 Year If Under 24 Hours In Under 24 Hours
ork	A. USUAL OCO done during mosto	CUPATION (Give la f working life, even if re	sind of 10B. KIND	OF BUSINESS OR INDUSTRY	11. BY THPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N	JAME Ja	aple -	Schaffer	14. MOTHER'S MAIDEN N		
15. Yee,	. WAS DECEASE, no or unknown)	D EVER IN U. S. A	RMPD FORCES? or dates of service)	16. SOUNT SECURITY NO.	17. INFORMANT Side	. Synatinis	
T	1B. 421	1, 4		CAUSE	OF DEATH	/ /	INTERVAL BETWEEN
	DISEAS	E OR CONDIT)	7.6	1	ONSE! AND DEATH
	heart failu	re, asthenia, etc. I	ode of dying, e. s t means the diseas tich caused death	e,	alvuloy/JE	und due	re.
	,	ANTECEDENT			1		
5	DISFASES	S OR CONDITIO	NS, IF ANY, GIVIN	(B)	Nephrilis	************************	
2	RISE TO T		(A) STATING TH				
		П		(C)			
2 1	TRIBUTING	TO THE DEATH,	ONDITIONS CONDITIONS CONDITIONS CAUSING	ED .			
١		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
5	21A. ACCIDE	NT, SUICIDE,	218. PLA	CE OF INJURY (e.g.,	in or 21c. WHERE DID	If in Baltimore City,	give exact location)
		(Specify)		arm, factory, street, office bldg.,			
	D. TIME	(Month) (Day) (21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR1	
	22 77	116 17 1	m.	WORK AT WORK	and 1950 to	Jacker 6 19.	FU that I last saw the
				accomora j	rred at 8:20 Pm., from	(7-	\square , that I last saw the the date stated above.
	23A. SIGNA	TURE U	eof Fis	0	1823 N. W	ist 14.	23c. DATE SIGNED
24	A. BURIAL.	CREMA- 248. DA	TE	24c. NAME OF CEMETE	ERY OR CREMATORY 240. I	LOCATION (City, tow	n, or county) (State)
6	Buria	c July	48,1950	Cathed	ial	Sallimo	بر الم
	TE RECEIVE CAL REGIST	RAR	RAR'S SIGNATULE	liquis Mi	Ria Wied	Reld 900 E	Biddle St
	VS 150		A)	,,,,			

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00	50	6003

5	0 600)3	BA		EALTH DEPARTMENT E OF DEATH	T Registered N	0 6003
	NAME OF D	ECEASED				2. DATE	
	ype or Print)		am Cor	drey		OF Jul	y 7, 1950
Α.		City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, If i	nstitution: residence before admission)
B. He	FULL NAME OSPITAL OR	OF (If not in hosp	ital or institu	tion, give street address or location)		(If outside corporate limits	write PURAL and sive
11	ISTITUTION	3045 Brigh	ton St			1/	township)
				43 Yrs.	D. STREET ADDRESS		-
c.	Length of s	tay in Baltimore		Mos. Days	3045 Bright	ton St.	
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGF Un years if	Under I Year If Under 24 Hours the Days Hours Min.
M	ale	White		rried	12/19/1871	78	iths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired	of 10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF
		onductor		.Transit Co	Md.		WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
l .	Not K	nown			Not Known		
15 (Ye		ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AL	DDRESS
(, == == ==========	(, , , , , , , , , , , , , , , , , , ,		SECORITY NO.	Mrs. Olivia E.	. Cordrey 304	5 Brighton
ERTIFICATION	injury or DISEASE RISE TO I UNDERL'	are, asthenia, etc. It me complication which ANTECEDENT CAUSE OF CONDITIONS, THE ABOVE CAUSE (AYING CONDITION)	caused deat JSES IF ANY, GIVI) STATING T LAST.	NG HE DUE TO	ho-vucul teiseels	- sie	
CEF	TRIBUTING	SIGNIFICANT CONI S TO THE DEATH, BUDISEASE OR CONDITION	T NOT RELAT	-ED			
		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	21s. PL. about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	la or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
M	INJURY (Month) (Day) (Year) (Hour) (Day) (Year) (Hour) (Day) (Year) (Hour) (Day) (Year) (Hour) (Not white at work at work)						
		y certify that I a	ttended the		1050, to		, that I last saw the
	decembed a	live on //	, 19.50	and that death occu	rred at from m., from 23B. ADDRESS	n the causes and on the	23c. PATE SYGNED
3/	A. BURIAL	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D	LOOATION (City, town,	or ounty) (State)
	on, removal (S a rial	7-10-	1950	Woodlawn		Woodlawn	Md.
D	ATE RECEIVE DCAL REGIST	D BY REGISTRAL	R'S SJGNAT		G. Howard Str	R	ADDRESS

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G. Howard Strong 3207 W. North Ave.,

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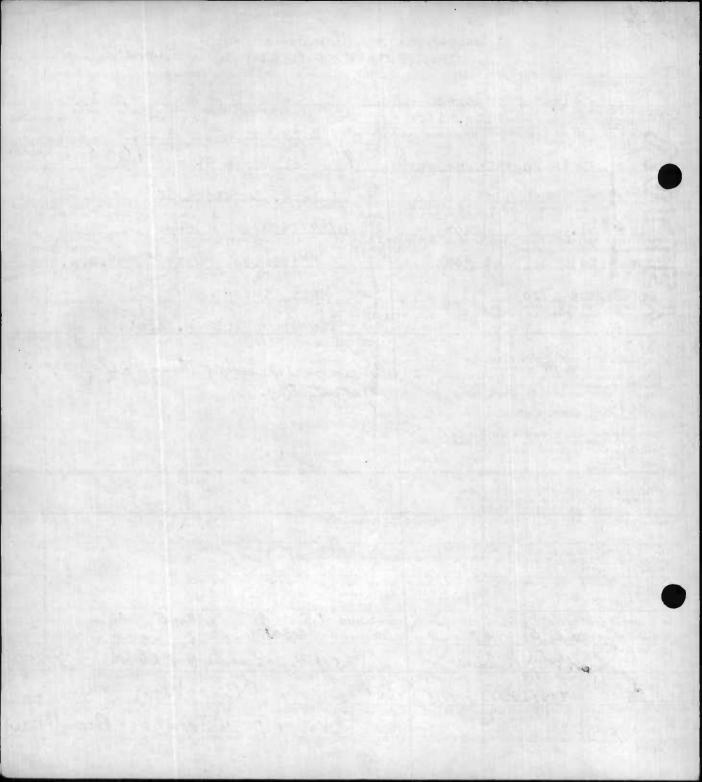
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S	BTH 600	4		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No	0 6004
	NAME OF D	JEANIE	HEA	IRY		of DEATH 7-7	-50
A.		City, Maryland		ion, give street address or	4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If in B. COUNTY	stitution: residence hetore admission)
H	SPITAL OR STITUTION			location)		outside comorate limita,	township)
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	1604 ST. Pa		
	E	6. COLOR DR RACE	WIDOW	E, MARRIED, ED, DIVORCED (Specify)	MAY 11, 1884	9. AGE (In years 10 m 66 last birthday) Mont	det 1 Year M Under 24 Hours hs Days Hours Min.
work	SEAMS			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for the Company)	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
1	Mechae	& Bumi	ngha	m	(Unhown) k	Black	
(You	, was DECEAS , oo or ookoowo)	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	Burning toy I	unuel Home	Day for hid
DISEASE OR CONDITION DIRECTLY						DESET AND DEATH	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) My Market Mar						nisplaces.	3 days
						7017 11411	
						7 - 7 , 1950	
	23A. SIGNA	1100 010	. Dal	m. D.	23B. ADDRESS hest Balkingre	Hen. Kogo	23c. DATE SIGNED 7 - 8-50
7	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	57)	Mound A	Lill 6	CATION (City, town, or	r (State) (State)
DL	ATE RECEIVE		SIGNATU	Williams, Mar	25 FUNERAL DIRECTOR	1219 ST Pa	address f
	VS 150		or more recognition	63399	6005		108

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	THE STREET OF TRACESORIES	
		and the second of the second
market design		
		A Marie Was september Alberta
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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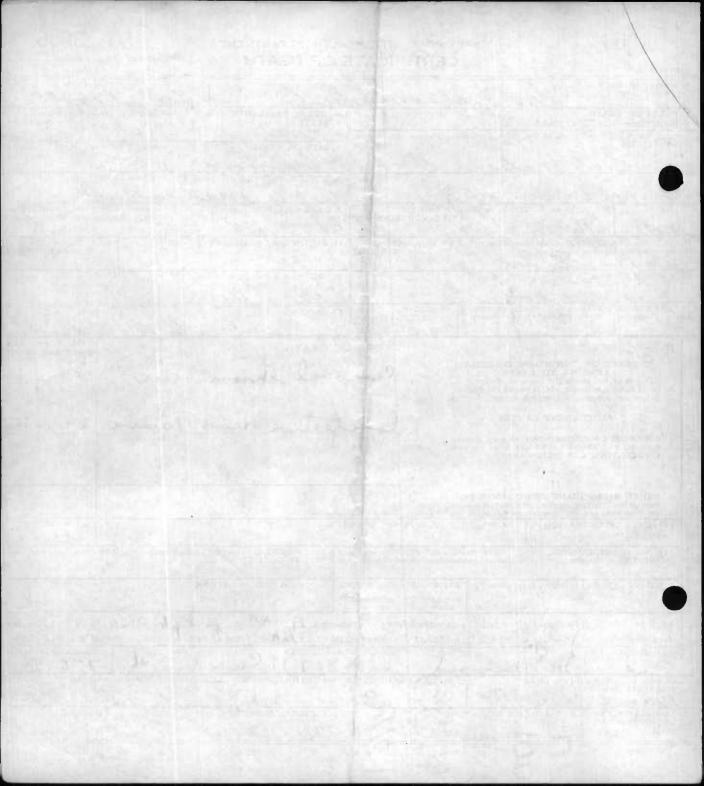
	E OF DEATH Registered No.
BIRTH NO. 1. NAME OF DECEASED	2. DATE
(Type or Print) Ella Towson	OF DEATH 7/5/1950
Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	Maryland
IOI2 West Saratoga St Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Tite Days	TOTE W. Saratoga St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year I I Under 24 Hours
Female Col. Widow	6/27/1892 58
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife At Home	Baltimore City U.S.A. 14. MOTHER'S MAIOEN NAME
ms - O	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mary Pierce
Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO.	
NO CAUSE	of DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	enoma of Cervix + Thems with 3 go.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. OATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIOENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	
	un 15, 1948, to July 5, 1950, that I last saw the cred at 6:30 M from the courses and on the date stated above 23B. ADDRESS 23C. DATE, SIGNED 5/1/1/50
24A. BURIAL CREMA 24B. DATE V2AC. NAME OF GEMETE	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Elion O. Wilson 1000 Branty w
VS 150	6006 48a



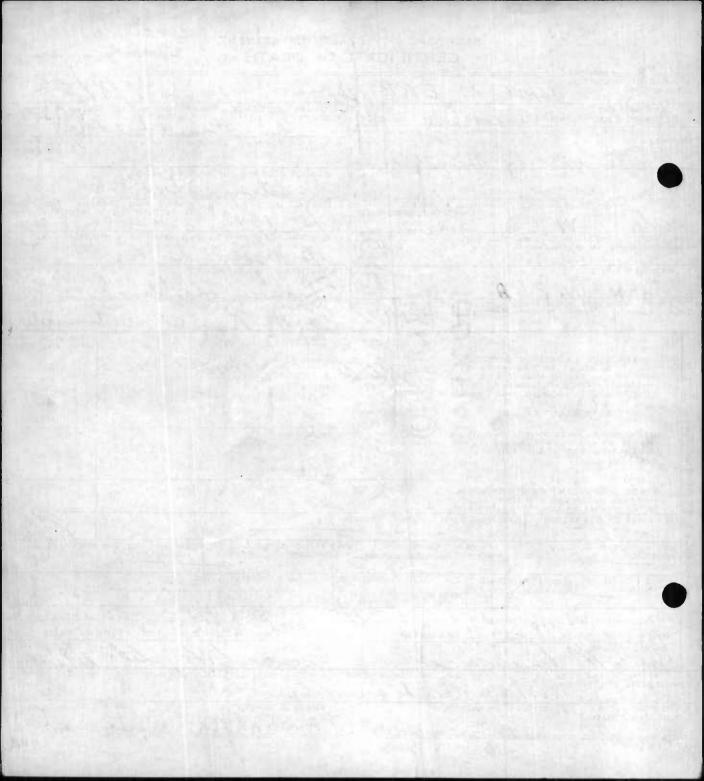
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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	- O. DEATH.					
1. NAME OF DECEASED John Lisban Si	nette 2. DATE OF DEATH Culy 6,1950					
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If inditation: residence a. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	- Miles					
INSTITUTION O LA	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
1810 6. Madeson St.	Gallenger 03					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore 45 45. Days	1810 6. madicon de					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours					
male Color a WIDOWED, DIVORCED (Specify)	AL 1885 last birthday) Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
ork done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?					
Telled selvedon	· oa					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
How Henry Smith	Note allew					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
Yes, no or nnknown) (11 yes, give war or dates of service) SECURITY NO.	of wie of the 1810 mad ST					
16279-07-7630	Interval Between					
18. 3 3 7 X	OF DEATH					
DISEASE OR CONDITION DIRECTLY	0 0 00					
(This does not mean the mode of dying, e.g.,	bral thrombour 5 days					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO						
injury of completion which caused death,						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING	gesture / harring					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.						
<u> </u>						
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.						
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER						
	YES NO					
21a. ACCIDENT, SUICIDE. 21b. PLACE OF INJURY (e. g., ix about home, farm, factory, street, office bidg., e						
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?					
INJURY WHILE AT NOT WHILE						
m. WORK L AT WORK L						
22. I hereby certify that I attended the deceased from	1950, to 1950, that I last saw the					
	red at 3. 16 Am., from the causes and on the date stated above.					
23A. SIGNATURE 2	38. ADDRESS					
K. W. M Jamel M.D.	807 M. Caroling of 7-8-50					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)					
Despe 2 416, 9/571 Mr (1)	mare am 11 (1. Cherry Tie Mal					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADORESS					
LOCAL REGISTRAR	in Colle to EM Ga Buch					
III 8-1950 Thurtington / musica, most	1100. They of clearly varying					
VS 150	11287 Cartin 84					
94055	P. 1. 1					



ВІ	50 RTH 6.10	6007			EALTH DEPARTMENT E OF DEATH	X 50 Registered N	6007
	NAME OF D ype or Print)	ECEASED TOHI	V N.	ERB	fr.	2. DATE OF T	18/50
B. H	Baltimore C FULL NAME OSPITAL OR ISTITUTION	City, Maryland U		ty Hospin, give street address or location)	A. USUAL RESIDENCE (WA. STATE C. CITY OR TOWN (If	muster .	
Ç.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If)	rural, give location)	6
2	usle DEL	6. COLOR OR RACE W CUPATION (Give kind of	31	MARRIED. D. DIVORCED (Specify) NGLE DE BUSINESS OR	8. DATE OF BIRTH 8 31 1943 11. BIRTHPLACE (State or fo	last hirthday) Mo	t Under 1 Year It Under 24 Hours on the Days Hours Min.
worl	dooe during most o	of working life, even if retired)	.00	INDUSTRY	maryla	nd	WHAT COUNTRY
15	John	W. E.F.	FORCES? sof service)	16. SOCIAL SECURITY NO.	14. MOTHER'S MAJDEN NA 6 dua 1. 17. INFORMANT 4	Ludfine se W	DDRESS Strungster
RTIFICATION	(This does heart failu injury or DISEASE: RISE TO T UNDERL	LEADING TO DEA not mean the mode re, asthenia, etc. It mea complication which of ANTECEDENT CAUSE S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g., ns the disease, caused death.) SES F ANY, GIVING STATING THE	(A) ACU OUE TO (B)	of death te Leukemi	a	INTERVAL BETWEET
L CE	TO THE D	TO THE OEATH, BUT	CAUSING IT.	INDINGS OF OPER	PATION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		E OF INJURY (e. g., in factory street office bide.		f in Baltimore City, a	YES NO L
M	22. I hereb depased at 284 SIGNAT	TUREM S	m. why	nd that death occur	1950, to 195	1/8, 195 he causes and on the	7/8/50
TI	ATE RECEIVE	Specify) 7/11/	50 3 S SIGNATUR	LING BU	g Sum	OCATION (City, town,	ADDRESS
	gvs 1850	RAR	trustor	Villiams, Marine	J. A. ShARRE	R. Ward	minister ma
					0		



LAN	5	0	6008
AIRTH NO	<-3	70)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered No.

8	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF DECEASED SARAH	KNO	FF	2. DATE OF TOP DEATH	7-50
A.	PLACE OF DEATH: Baltimore City, Maryland 2305	It Paul St	4. USUAL RESIDENCE	Where deceased lived. If in: B. COUNTY	stitution: residence before admission)
H	SPITAL OR (If not in hospital or inst	citution, give street address or location)	C. CITY OF TOWN	(If outside corporate limits,	write RURAL and give
6	It faut lower	alesent Non		Work 3	-018,
	Length of stay in Baltimore	60 Hone	432 No 6	carolus	
2	male white me	GLE, MARRIED, DOWED, DIVORCED (Specify)		last ir hday) Mont	hs Days Hours Min.
15	A. USUAL OCCUPATION (Givekind of kidone during most of working life, of en if relired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
13	Wot Known		14. MOTHER'S MAINEN	NAME	
	5. WAS DECEASED EVER IN U. S. ARMED FORCE: em, no or unknown) (If yem, give war or dates of service)		Mrs Louis Lee		SIMORE (IDE
	18. 153X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying,	Hvi	pertension		2 yrs.
	heart failure, asthenia, etc. It means the di injury or complication which caused d	sease,			
Z	ANTECEDENT CAUSES	(B)Cal	cinoma, large bo	owel	l yr
2	DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	IIVING			_
2		(C)	alnutrition.		1 yr
LEKI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	LATED			
AL C		OR FINDINGS OF OPER	RATION		20. AUTOPSY?
FDIC		PLACE OF INJURY (e. g., i		(If in Baltimore City, giv	
Σ	TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		RY OCCUR?	
	22. I hereby certify that I attended	the deceased from	une 6 1950 to	July 7 19 50	that I last saw the
1	deceased alive of July 6, 195	and that death occur	rred at 758m., from	the causes and on the	date stated above.
	1 PELSWON	1 Colle M. D.	2431 Maryland Av	ve.	7/7/50
TI	What Specify 7-9-50	OWN HA	Slow 24D.	LOCATION City, town, or	, rue
DL	ATE RECEIVED BY REGISTRAR'S SIGN OCAL REGISTRAR	ATURE IVILIANUS, MAR	tack sewes	11	Leton B
T	VS 150			4	+6 E
			0 11		

Dr Cook 2431 md ave.

BALTIMORE CITY HEALTH DEPARTMENT

50 6009

BIRTH NO.	CERTIFICATE	E OF DEATH	Registered I	No
NAME OF DECEASED DESSIE	JAGOR	BSON	2. DATE OF DEATH	8-50
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		institution : residence before admission)
FULL NAME OF (If not in hospital or institution)	on, give street address or location)	1401-	outside corperate limit	s, write RURAL and give
O Paris Dalli	44 Mos-	D. STREET ADDRESS (If	rural, give location)	way
WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	Under 1 Yuar Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND rk shoeduring most of working life, eyen jigetiged)	OF BUSINESS OR INDUSTRY	11. BIRTHELACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
not showa		not Know	on	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	largel Larobs	ow -	DORESS
18. 420.1	CAUSE	OF DEATH		NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease	,	centr Palm	mung Vester	m 4 hours
injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.		type anon	s Com	2 2 June
H	(c)	hubos		2 grows
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	D			
	FINDINGS OF OPER	ATION		20. AUTOPSY?
	CE OF INJURY (e. g., in irm,factory,street,officebldg.,e		f in Baltimore City,	give exact location)
NJURY	HILE AT NOT WHILE	2 IF. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the		29, 30% to	J 8 , 195	, that I last saw the
deceased alive on \$,1950, a		red at 10 7m., from t		23C DATE SIGNED
A.A. Ilm	M. D.	Tople good	- July	Fr county) (State)
LUCIUM 7-9-50	lette Tt	eloh 245. El	Balto	Md
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		6) 14 / 11		

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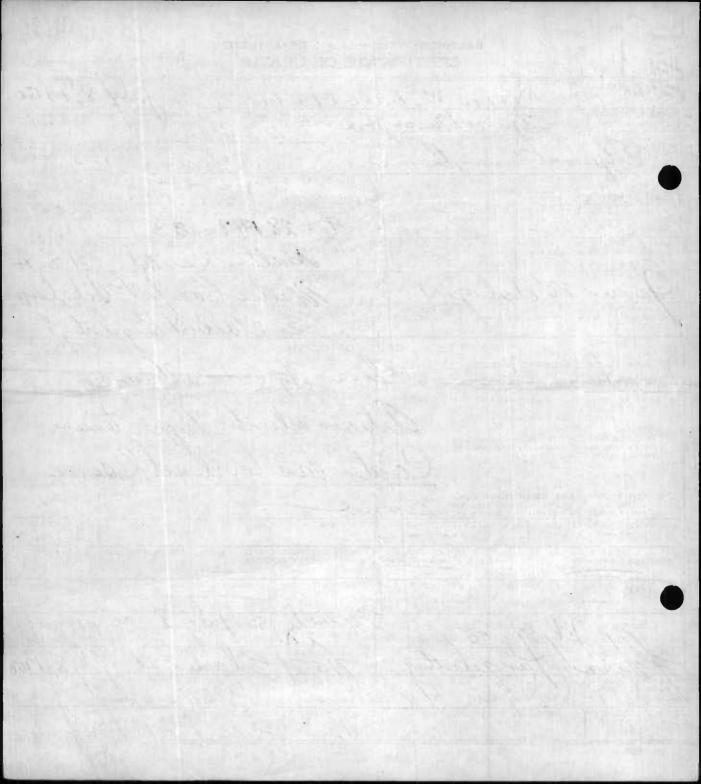
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	50	601.0	DAL	CERTIFICAT	E OF DEAT	H	Registered N	lo	
BI	RTH NO.							7	
	NAME OF DE		POLLIE	W. LANG	SELUTT	75	2. DATE July	48,1	950
A.		ity, Maryland		1 Nursing How	A. STATE	Brust	B. COUNTY		residence e admission
	FULL NAME O	OF (If not in hos	Atal or institut	ion, give street address or location)		nyu	mo -	14 137713	
IN	STITUTION	Gewood i	Mussen	Manne	c. CITY OR TOWN	Path	ytside corporate limits	15-/	Ctownship
			/	Yrs.	D. STREET ADDR	ESS (If ru	aral, give location)		
_	Langth of st	ay in Baltimore		Mos.	41010	Delve	e. 2 (120		
	SEX)	6. COLDR OR RAC	F 7 SINGLE	Days Days	8. DATE OF BIRTH			Under 1 Year	It Under 24 Hours
0	Temole	Mute		PD-DIVORCED (Specify)	Feb. 28	1567	last birthday) Mo		Iours: Min.
10 vork	done during most of	CUPATION (Give kind working life, even if retir	iof 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHBLACE (State or fore	-11	12. CITIZEI	N OF COUNTRY
13	. FATHER'S N		100		14. MOTHER'S MA			01.	0. 14
	Jane	1.711	lolag	ier	Mall	1. 6	omfort i	Wels	luge
15 (Yes	was DECEASE	D EVER IN U.S. ARM (If yes, give war or d	ED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT	(a)	W. Y.D. AI	DDRASS	1
					Com	10.00	ver paries	equiling	
	18. 44 DISEAS	ZX I E OR CONDITIO		CAUSE	OF DEATH	1.1	- 7/		AL BETWEE
	heart failur	not mean the mod re, asthenia, etc. It n	e of dying, e. a neans the diseas	e,	nic Mepl	verles	c Urem	ed	
		complication which		.) DUE TO		4	'd/	1	
Z O	DISEASES	OR CONDITIONS	, IF ANY, GIVIN		res secu	nic	Ilfger -	Rusen	d
AT	RISE TO THE	HE ABOVE CAUSE (A) STATING TH LAST.	HE DUETO	.)/	1	1 10).	
FIC				Carde	o-laxu	ear (Cenal X	deas	L
F	OTHER S	II IGNIFICANT CON	DITIONS CO	1					
Ш	TRIBUTING	TO THE DEATH, BI	T NOT RELATE	D Mann	2				
0		SEASE OR CONDITI						1 00 11	
4	ISA. DATE OF	F OPERATION O	198, MAJOR	FINDINGS OF OPER	CATION	No.			JTOPSY?
Y O	*							YES L	J NO Z
EDIC	HOMICIDE	NT, SUICIDE, (Specify)	21B. PLA about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE D		in Baltimore City, a	give exact lo	cation)
Σ	240. TIME (Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?		
	INJURY			WHILE AT NOT WHILE			0		
		2 ()	m.	WORK AT WORK	2/	- (1	1 8 -		
-	22. I hereby	eertify that I	ttended the	deceased from	1 arch, 195	Qto Ju	14 0 , 1930	\mathbb{Q} , that I la	st saw th
	deceased al	joe on Rely &	1950	and that death occur	rred at 2 A. m.	, from the	e chuses and on th	he date sta	ted above
	23A. 819NAT		1	1/1/1/1/2	3B. ADDRESS	11	11 -1	VASC. PAT	ESIGNED
	11911	And To	annel	retteg M. D.	715716	Show	rles SX	-hely!	196
24	BURIAL C	8 640 (1 5)	Light	24C. NAME OF CEMETE	RY OR CREMATORY	1 24D. LO	CATION (City, town,	Ar county)	(State)
TIC	BURIAL, CON MEMOVAL (ST	ecify) July	10/1950	1/1000	mune	Bala	5 Marylan	el.	
	ATE RECEIVED		R'S SIGNATU	RE	25 FUNERAL DIR	RECTOR	6//10	ADDRESS,	
LC	O - 105	RAR	en for 1	111: 11:11	Mario O	Keda.	11 00 KG	Hast	Slace

VS 150

Atuta ton Williams, M.



C-5/2	-0 0011
BALTIMORE CITY HEALTH DEPARTMENT	50 6011
BIRTH NO. CERTIFICATE OF DEATH	egistered No.
1. NAME OF DECEASED (Type or Print) Innelta Goombs DEA	1/8/19
	eased lived. If institution: residence COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CIFY OR TOWN (If outside control of the c	orporate limits, write RURAL and give
INSTITUTION 38 S. Fulton aue Balto.	19-04 township)
c. Length of stay in Baltimore 30 Yrs. 6. STREET ADDRESS (If rural, give a stay in Baltimore 30 Yrs. 4.	
5. SEX 6. COLOR OR RACE 7 SINGLE, MARRIED, 8 DATE OF BIRTH 9. AGE	(In years Months: Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of IOB. KIND OF, BUSINESS OR /II. BIRTHPLACE (State or foreign cou	
N.W. Own Home / Mary Land	WHAT COUNTRY?
13. FATHER'S NAME	
Kemptner unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	38 Lutton au
18. 477, / CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	tation 3 days
injury or complication which caused death.) DUE TO	/
ANTECEDENT CAUSES Passelan de	10000
Z DISEASES OR CONDITIONS, IF ANY, GIVING	The state of
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
<u>o</u>	
E 11	
OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?
	YES NO
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	imore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR	17
MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from from, 1948, to July	4, 1957, that I last saw the
	s and on the date stated above.
23A. SIGNATURE (1) 23B. ADDRESS	Z C 23C DATE SIGNED
Harry gursman M.O. 753 W. 7 ages	a so pure gis
244. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION REMOVAL (Specify)	(City, town, or bounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	a. ond.
LOCAL REGISTRAR S SIGNATURE	ADDRESS
111 9 1950 the the offer Millians Ma Harry N. Welfagel, L.	10/6dmondson
JULS 950 1330	920 11.
	10% Creek

Alv. Glassman 7.30. 753W. Fayette St. action to a star of the Contract Contract The state of the s

K-4/2 50 6012 BALTI	IMORE CITY HE	ALTH DEPARTMENT	X 50	6012
		E OF DEATH	Registered No	
1. NAME OF DECEASED (Type or Print)	KALG	BANGH	2. DATE OF DEATH	149,19,19
S. PLACE OF DEATH: A. Baltimore City, Maryland Baltim	nare Md.	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	location)	C. CITY OR TOWN	f outside corporate limits	write RURAL and give township)
C. Length of stay in Baltimore	lay Yrs. Mos.	D. STREET ADDRESS (I	rural, give location)	5100
5. SEX 6. COLOR OR RACE 7. SINGLE.	MARRIED, D. DIVORCED (Specify)	8. DATE OF BIRTH	1 9. AGE Un years! Illik	der I Year Hunder 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or)	foreign country) 1 Y L AND	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ND	14. MOTHER'S MAIDEN N	GIRARD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onkoowo) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		DRESS Md.
18. J8J.X, 002	X CAUSE	OF DEATH	0	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) Dut	acerebal he	mouhage	10 days
injury or complication which caused death.) ANTECEDENT CAUSES	Que to	Levine Convers	/	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	. 0		
UNDERLYING CONDITION LAST.	(6)	nchopneum	orig	10-12 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Trouchopu	muoria; Tubis	aulosi's	
194. DATE OF OPERATION 3 198. MAJOR F	INDINGS OF OPER	ATION LALE		20. AUTOPSY?
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, form	E OF INJURY (e. g., in a factory, atreet, office bldg., e	or 21d WHERE DID 10. INJURY OCCUR?	If in Bultimore City, give	
INJURY	E. INJURY OCCURRE	21F. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended the de	eceased from Tu	Oy 1 , 1950, to		that I last saw the
deceased alive on July 9, 1950, an		red at 12:014 m., from	the causes and on the	date stated above.
Naven Cels	C. NAME OF CEMETE	anu	CATION (City, town, or	July 9,950 (State)

25. FUNERAL DIRECTOR 7/13/50 REGISTRAR'S SIGNATURE Dures DATE RECEIVED BY LOCAL REGISTRAR

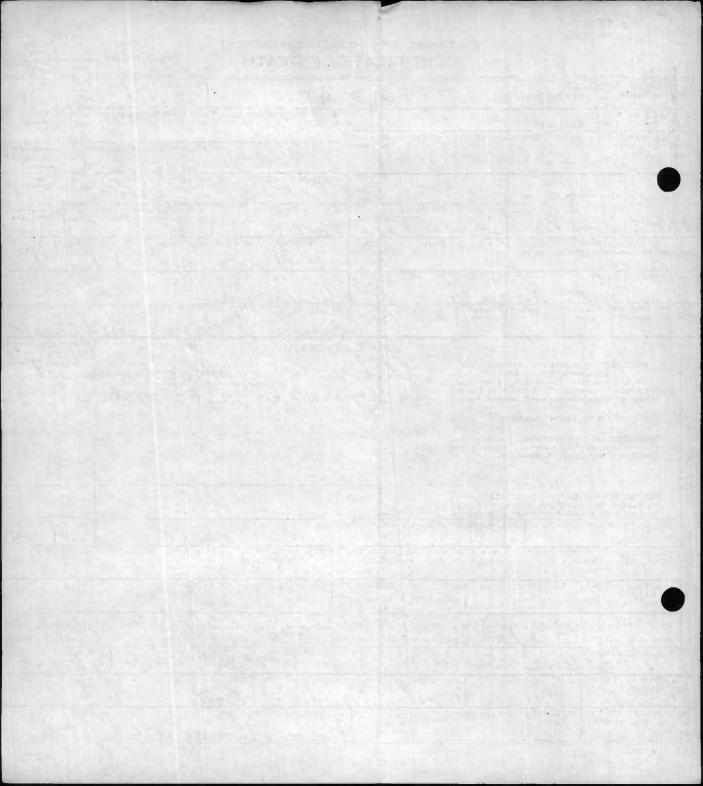
ma.V ADDRESS

Thurtre, for Williams

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	LUCIA STYRY DAY	

	R-2"	20					
	50	6013			EALTH DEPARTMENT	50 Registered 1	6013 vo
1.	NAME OF E					2. DATE /.	
	ype or Print)	N 4414101	VO J	RAZ	ACK	OF DEATH	1/50
Α.		City, Maryland	-0.1		A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR ISTITUTION			give street address or location)		f outside corporate limit	s, write RURAL and give
1		57. 205	1=104,2	(+0SP)	BALTO	2:	3-02 township)
c.	Length of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (III	S. C/+/A	RGES ST.
5. /.	IAME	6. COLOR OR RAC	WIDOWEL	ARRIED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday) Mo	f Under 1 Year If Under 24 Hours parths Days Hours Min.
	don'd ding most	CCUPATION (Give kind of working life, even if retir		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY!
13	FATHER'S		1		14. MOTHER'S MAIDEN N	IAME .	4.0.91
15	Vinc	ent K	wack	,	Maknown	•	
(Ye	s, no or unknown)	ED EVÊR IN U. S. ARI (If yes, give war or d	ates of service)	6. SOCIAL SECURITY NO.	Emma V.	Parack 15	18 S. Charles
Z	(This does	SE OR CONDITIO LEADING TO DI S not mean the moure, asthenia, etc. It r complication which	EATH e of dying, e.g., neans the disease, n caused death.)	DUE TO ger	riolar nep	hrosclere	onset and better with a with a with
RTIFICATION	RISE TO	S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	A) STATING THE	DUE TO			
CERTIFI	TRIBUTIN	II SIGNIFICANT CON G TO THE DEATH, B DISEASE OR CONDIT	JT NOT RELATED	(c)			
		OF OPERATION D		NDINGS OF OPER			20. AUTOPSY?
EDICAL	21a. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		OF INJURY (e. g., i		If in Baltimore City,	YES NO K
W	OLD. TIME INJURY	(Month) (Day) (Ye	whi	E. INJURY OCCURR LE AT NOT WHILE ORK AT WORK		Y OCCUR?	
	deceased a		/ ,	d that death occur	10 7 1579, to rred at 2 10 Am., from	$\frac{7}{7}$ $\frac{5}{9}$, that I last saw the he date stated above.
	23A. SIGNA	addeus	Savi	uski M.D. 2	87. Septe	's 140p.	7/7/50
Z. Ti	AA. BURIAL,	Specify)	2	NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	or county) (State)
	Surial ATE RECEIVE	D BY TREGISTRE	1950 M	oreland!	25. FUNERAL DIRECTOR	Wo.	ADDRESS ,
J	UL 9 - 10	FAR	, , , , , , , , , , , , , , , , , , ,	/////	Flynn + Flom	ing 1426 1	right St.
	VS 150	1	N 5 C	57424	6010	8	1310



50 6014 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ARKE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore B. COUNTY before admission) Maryland ANNE ARUNDEL B. FULL NAME OF (If not in hospital or institution, give street address or lary land HOSPITAL OR SOUTH BALTO. GENERAL location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN HOSPITAL Burnle D. STREET ADDRESS (If rural, give location) Yrs. Mos. Avenue, S. Hird c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED. It Under 1 Year WIDOWED, DIVORCED (Specify) lsst birthday) Months; Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY NONE U.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no pr unknown) SEÇURITY NO. GLEN BURNIE MD NO NONE NTERVAL BETWEEN OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID extralen EDICA 21A. ACCIDENT, SUICIDE. e. g., in or (If in Baltimore City, give exact location, about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT 7/50 19_ to 7/5019_, that I last saw the 22. I hereby certify that I attended the deceased from. and that death occurred at 940 Am., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 234 SIGNATURE

HAVEN

25. FUNERAL DIRECTOR

GLEN

REGISTRAR'S SIGNATURE

LOCAL REGISTRAR 111 9 - 1950 VS 150

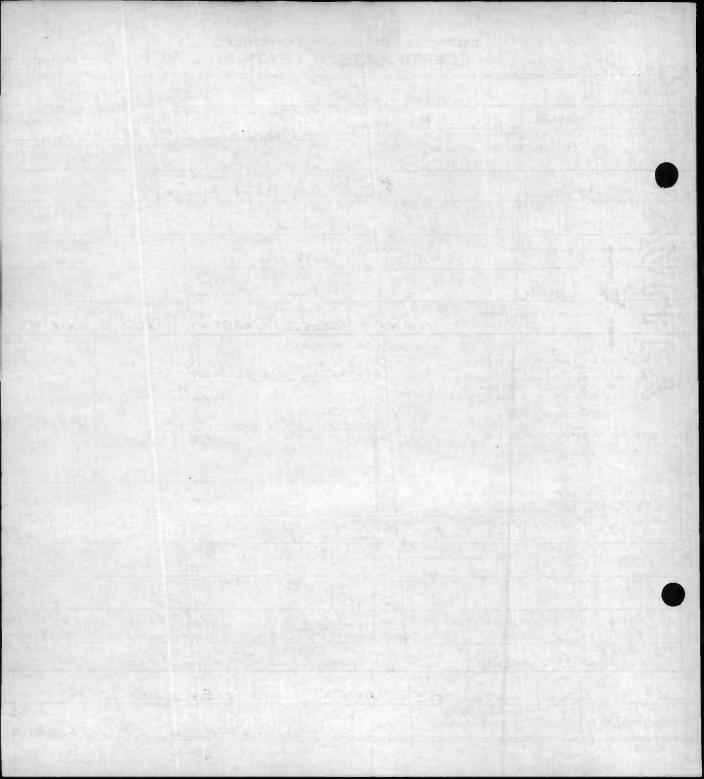
24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL

DATE RECEIVED BY

123

ADDRESS

BURNIE



50 6015

	HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) William O. Samuelson	2. DATE OF DEATH July 7, 1950
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address	or Maryland
HOSPITAL ORBALtimore City Hospital location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
5 4940 Eastern Avenue	Baltimore 27-04 township
Yrs	
c. Length of stay in Baltimore Life Mos	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours (y) Months; Days Hours Min.
Male White Separated	April 6. 1886 64
OA. USUAL OCCUPATION (Give bint of 108 KIND OF BUSINESS OF	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ARPENTE REGAL LAUNDRY	New Hampshire
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oscar Samuelson	Marrie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mary
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	
NO WHKNOWN	
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	nomatosis
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Brone	chogenic Carcinoma
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(6)	
I	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPI	
	raclavicular lymph node
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld; CAUSE OF DEATH	"in or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RRED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
	ne 8. , 1950, to July 7 , 1950 that I last saw th
	urred at 6:55A m., from the causes and on the date stated above
23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED
(1) 12/2.	1940 Eastern Avenue July 7, 1950
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMET	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL JULY 10, 1950 GLEN HA	VEN GLEN BURNIE MD.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. JUNERAL DIRECTOR / ADORESS

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural give location) Yrs. Mos. agth of stay in Baltimore OROa dway Days 6. COLOR OR RACE | 7. SINGLE, MARRIED AGE (In years | | Under 1 Year | | Under 24 Hours last birthday | Months Days | Hours Min. 5. SEX 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10,1403 marrica 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12, CITIZEN OF work done during most of working life, even if retired) Panitar INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH 40 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL YES Loso (0 h 218. PLACE OF INJURY (e. g., for 21c. WHERE DID about home, farm, factory, street, office bldg. etc.) INJURY OCCUR? 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) HOMICIDE

(Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

F INJURY WHILE AT

NOT WHILE!

22. I hereby certify that I attended the deceased from 7-6-50, 19, to 7-9, 195, That I last saw the

, 1950, and that death occurred at 4204 m., from the causes and on the date stated above. deceased alive on 7 - 9 23A SIGNATURE

24A. BURIAL, CREMA-24B, DAT

LOCAL REGISTRAR

VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OF CREMATORY

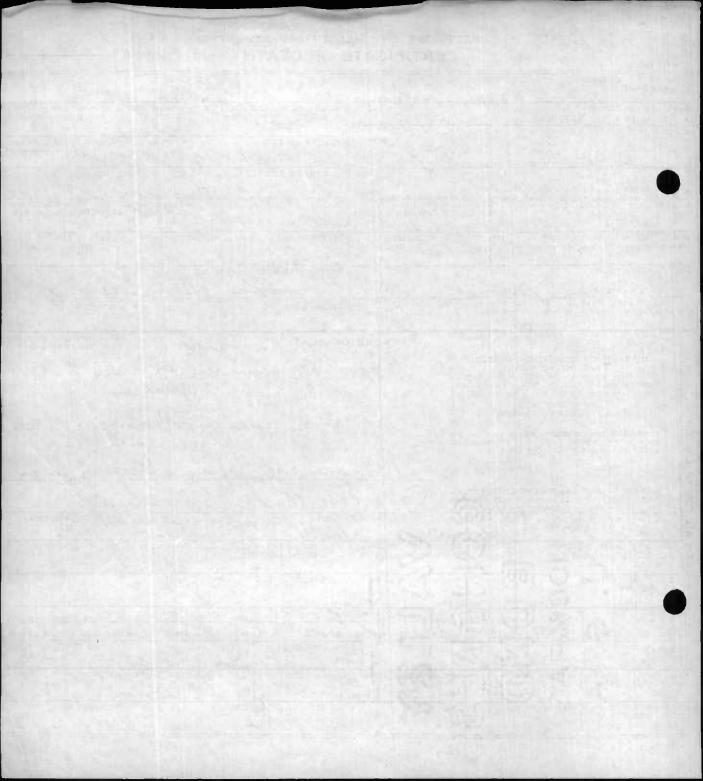
DIRECTOR

21F. HOW DID INJURY OCCUR?

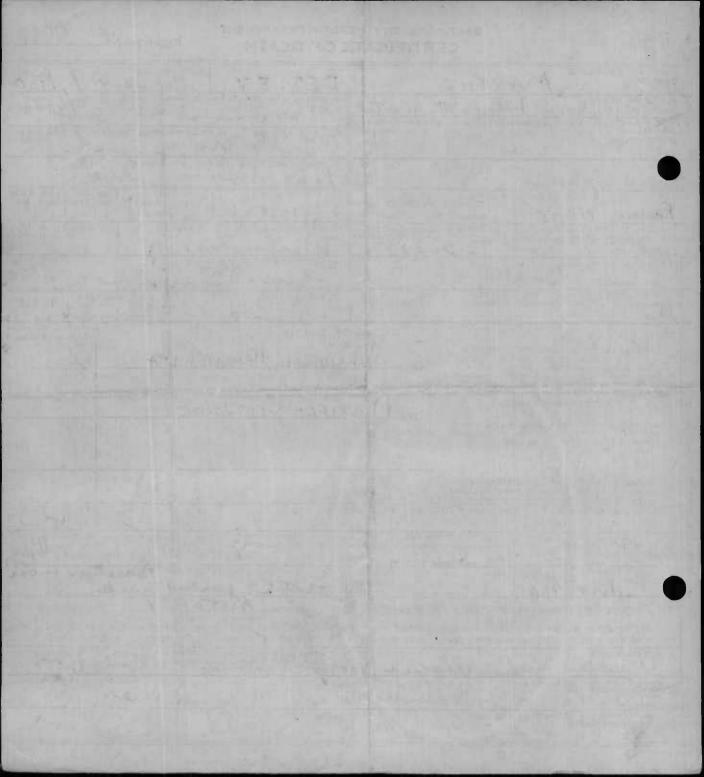
240. LOCATION (City town, or county)

(State)

23c. DATE SIGNED



ВІ	340 50 6017	BALTIMORE CITY HE CERTIFICATE		Registered No.	6017
(T	NAME OF DECEASED YPE OF PEATH	ГНА	BEDLEY	2. DATE OF DEATH D	9,1950
А. В. Н(Baltimore City, Maryland Fulling Full NAME OF (If not in hospital or in OSPITAL OR STITUTION	one City Hospital stitution, give street address or location)	1. STATE 28 I hom		e RURAL and give
2	STITUTION .	Yrs.	o. STREET ADDRESS. (If run	ral, give location	3 township)
c.	Length of stay in Baltimore	Mos. Days	1628 Than	as One	j
5.		NGLE, MARRIED, DOWED, DIVORCED (Specify)	July 7-1926	AGE (In years If Under I last birthday) Months I	fear If Under 24 Hours Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of the beautiful of the control of	L.S. GOVI.	W. BIRTHPLACE (State or fore		ITIZEN OF HAT COUNTRY
13	John- Bedler	-	Mary - 3	igalia	
	MAS DECEASED EVER IN U. S. ARMED FORC (If yes, give war or dates of servi		V. INFORMANT Bidle	y- Washing	stung a
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin, heart failure, asthenia, etc. It means the injury or complication which caused	g, e. g., (A) Sub	DURAL HEMAT		TERVAL BETWEEN
IFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIL UNDERLYING CONDITION LAST.	GIVING NG THE OUE TO	TIPLE CONTUS!	2,40	
ERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED			
C	19a. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	ATION		res No
1EDICA	PRIMARY FOR CONTRIBUTING about CAUSE OF DEATH.	. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e	LE.) INJURY OCCUR? 680	o Block Pul	act location) which right was
	INJURY JULY 9, ASO	MHILE AT NOT WHILE	that hit pur	had trucks.	n can
	22. I certify that I took charge of the evidence obtained by said and death in my opinion result	Autopsy, Inspection or I	Autopsy, Ins	spection or Inquiry eased died on the day	reon and from stated above,
	23A. SIGNATURE		238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX D. MEDICAL INVESTIGATOR	AMINER 23C. DA	
24 119	4A. BUR(AL, CREMA- 21B. DATE ON, REMOVAL (Specify)	Cale Spun		ATION (City, town, or cou	(State)
D/	ATE RECEIVED BY REGISTRAR'S SIGN	Notine 10	29. FUNERAL DIRECTOR	macas	TOC
VS	5151 N-851.2	39091	5118. Surga	m Qalat	ivel



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n	6018
BIRTH	NO.

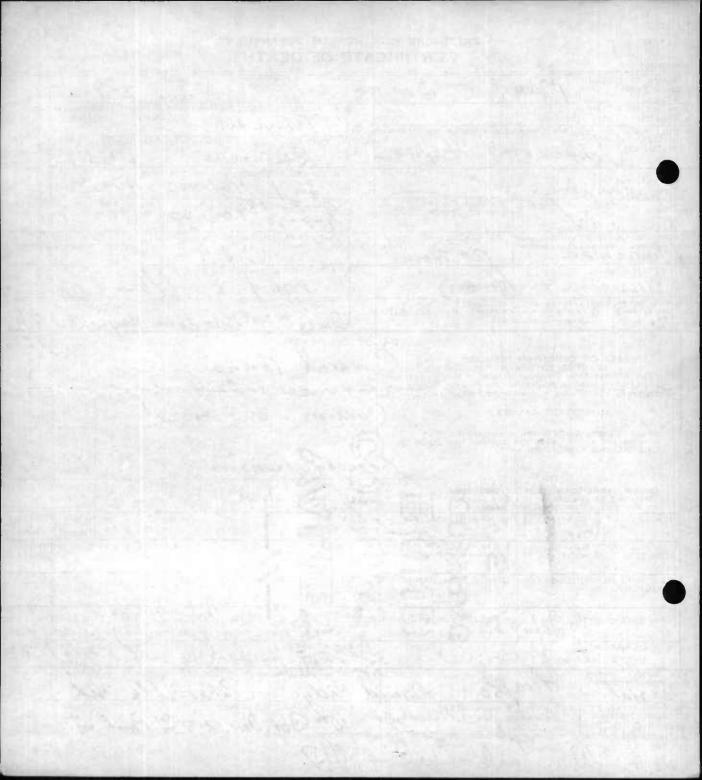
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATHC/UL 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, of institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARKIED AGE (In years) If Under 1 Year WIDOWED, DIVORCED last birthday) Months Days Hours Min. WidowEd 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTRY WHAT COUNTRY Houseur fa 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from March . 1939, to July . 1950, that I last saw the deceased alive on lely & 1950, and that death occurred at 1:40 P. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. O. 248. DATE 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) TION REMOVAL (Specify 50 unias DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

THE RESIDENCE OF THE SECOND

15	130						,	
0	6010 RTH NO.)				EALTH DEPARTMENT	Registered	50 6019 No
1.	NAME OF I	DECEASED	MAR	1 8	SmiTH		2. DATE OF DEATH 7	-9-50
A.	PLACE OF IBaltimore	City, Mary				A. STATE AND	Where deceased lived.	If institution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION	11.	t in hospita	l or institut	ion, give street address o location		f outside corporate lim	its, write RURAL and give township)
C.	Length of	stay in Balt	imore		Yrs. Mos. Days	3204 14	rural, give location)	e
5.	F	6. COLOR	R RACE	7. SINGLE WIDOW	MARRIED (Specify	1-9 50 892	9. AGE (in years last birthday)	H Under I Year H Under 24 Hours Months Days Hours Min.
worl		of worklog life, ev	Give kind of en if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	Oreign country)	12. CITIZEN OF WHAT COUNTRY?
		IAM .	4.1	HOWAR	1)	14. MOTHER'S MAIDEN N	AME HOL	LAND
15 (Ye	. WAS DECEAS , no or nuknown	(If yes, give	S. ARMED was or deten	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Vames S. M. ME	11	ywurd ave
	18. 58	SE OR CON	l DITION (NIDE OF LV	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This doe	LEADING es not mean t ure, asthenia,	TO DEAT	H dying, e. s	S., (A) Cere	Brax Throms	BOSIS Z	
		ANTECEDE	which ca	used death		tracerebras	Hemohory	8
LION		S OR COND				7.40313	AVCK.	4
FICA		YING COND			21	ncho preumoni	4	1425
ERTI	TRIBUTIN	SIGNIFICAN	ATH, BUT I	NOT RELATE	1: 7	e c'alove		
AL C		OF PPERATI			FINDINGS OF OPE	RATION		20. AUTOPSY?
EDIC/	21A. ACCID HOMICIDE	ENT. SUICID (Specify)	E.		ACE OF INJURY (e. g., erm, factory, etreet, office bldg.		If in Baltimore City,	
Σ	210, TIME INJURY	(Month) (Da	y) (Year)	700000000000000000000000000000000000000	21E. INJURY OCCURE	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Y OCCUR?	
	22. I here	by certify #	Pat & atte	m.	deceased from	ine 30, 1950, to		, that I last saw the
	deceased of	TURE .	mey 7	3-16	and that death occu	238. ADDRESS	the causes and on	the date stated above.
	AA. BURIAL.		DATE	tory.	M. O.	7.		n, or county (State)
D.	Buria.	ED BY REG	ISTRAP'S	50 SIGNATE	Drud	Kidge Z	Kroville	ADDRESS
1	UL 101	950		aren I	mulatus / Myster	Win Cook Inc.	1217 St. Par	al st.
	23 A.	Well	. Ca	il	Theling,	MID. 0 2 0		1243



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BIE	RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	OLKIII IOKII

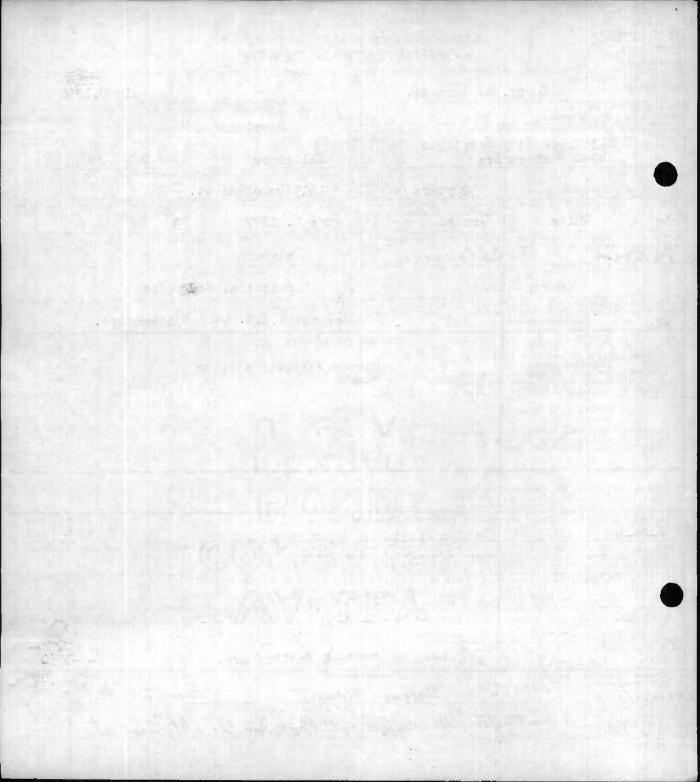
				CERTIFICAT	E OF DEATH	registered 140	
BI	RTH NO.						
	1. NAME OF DECEASED 2. DATE						
(T	ype or Print)	MARIAN	C. MAN	A WILLOWA	- 0	DEATH 2/3/3	~z)
3.	PLACE OF E	EATH:	cy nin	7 012-000	4. USUAL RESIDENCE (V		titution: residence
		City, Maryland			A. STATE	B. COUNTY	before admission
	FULL NAME		tal or institut	ion, give street address or	mary lan	1 -	
H	OSPITAL OR			location		outside corporate limits,	write RURAL and give
IN	ISTITUTION	11	1		0 1	7 -7	// township
	wes	neur Nos	bulal.		1 Sallemore		11
4		V		Yrs.	D. STREET ADDRESS (If	rural, give location)	
	Longth of	stay in Baltimore		Mos.	326 Rag	setu auc	
-		6. COLOR OR RACE		Days			1 10
3.	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (In years K Un	der 1 Year II Under 24 Hours hs: Days Hours Min.
1	enegla	11/hita	41:	danced	9/2947	62	
10	A. USUAL OC	CUPATION (Give kind o	I IOB KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fe		2. CITIZEN OF
work	done during moet	of working life, even if retired		INDUSTRY		ozeigh country)	WHAT COUNTRY
	Har	use wife.	Pura	Home.	05 allinin	e. nud-	una.
13	FATHER'S				14. MOTHER'S MAIDEN N.		
	74.	1					
	mac /		vier.		I lorence -	Moon	
15	. WAS DECEAS	ED EVER IN U. S. ARME	FORCES?	16. SOCIAL			PSS 1 -+
(Ye	s, no or nnknown)	(If you, give war or dat	es of service)	SECURITY NO.	Miss Marian Dich	Enson 2629 G.	Thick I.
	10	10			Paughter	· san	re -
1	18. 26	0 X .	-	CAUSE	OF DEATH		INTERVAL BETWEEN
				1-0%	O. BLATTI		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA		0.	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	01
	(This doe	s not mean the mode	of dying, e. s	(A) lele	speretoned be	manhace -	· hours
	heart fail	ure, asthenia, etc. It me	ans the diseas	e,			
	injury or	complication which	caused death	.) DUE TO			
	The second second	ANTECEDENT CAU	SES				
z				(B)			10000
ō	DISEASE	S OR CONDITIONS,	IF ANY, GIVIN		***************************************	***********************************	
F	RISE TO	THE ABOVE CAUSE (A) STATING TI	TE DUE TO			
FICATION	UNDERL	TING CONDITION 2	ASI.				
H							III. 200 LES VIII
		11		(C)		***************************************	**
RT		SIGNIFICANT CONE				0 . 1	
CE		G TO THE DEATH, BUT			Welletus: Goun	ene Repul Foot	1 week
0					RATION		1 20. AUTOPSY?
1	IJA. DAIL	or or Enamon	iob. macon		TATION .		
Y							YES NO
EDIC	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., arm, factory, street, office hidg.,		If in Baltimore City, giv	e exact location)
Ш	HOMICIDE	(Specify)	about nome,	arm, ractor y, street, omcomes,	INSURT OCCURT		
Σ		77. (3.)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	ID. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	RED 21F. HOW DID INJUR	y occur?	
			m.	WHILE AT NOT WHILE			
				_	7. /	- /-	
1	22. I herel	by certify that I at	tended the	deceased from?	16/50 , 19 , to	7/7 , 1950,	that I last saw th
	deceased a	live on 7/257	19	and that death occu	rred at 2 - 4 m., from t	he causes and on the	date stated above
	23A. SIGNA		, 20,		23B. ADDRESS		23c. DATE SIGNED
	7.	11 - 11	10			4	
		ark I Hal	4. 7.	M. D.	Workers Ha	79 1	7/7/50
2	4A. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
III	ON REMOVAL	1 7/1c	1/50	Luch	Buch	Rott m	/
-	Suria		/ 50	doudon		100016.110	DDRESS
	ATE RECEIVE		'S SIGNATU	IKE	25. FUNERAL DIRECTOR	F	VDDKE22
-		(hour tail	witon IV	lizare 1000	4/M Crok Que 1:	219 St. Paul	ct
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В	50 6	021	CE	RTIFICAT	E OF DEATI		d No_	000
	NAME OF Drype or Print)		y, B. Barne	ett.		2. DATE OF DEATH Ju	ly 8,	1950
A		City, Maryland			A. STATE	NCE (Where deceased lived B. COUNTY	l. If instit	
BHII	SPITAL OR NSTITUTION	OF (If not in hospi Baltimore Ci 4940 Easter	ty Hospital	ve street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate li	mits, wri	ite RURAL and give township)
С	. Length of s	tay in Baltimore	30 yes	Yrs. Mos. Days		SS (If rural, give location, land St, Z 16)	
1	sex Male	6. COLOR OR RACE		RRIED, IVORCED (Specify)	June 1, 187	last hinthday)	If Under Months	Days Hours Min.
1 (woz	RETAINS	CUPATION (Give kind of of working life, even if retired)	Sales no	INDUSTRY	II. BIRTHPLACE (S	tate or foreign country)		CITIZEN OF WHAT COUNTRY?
	3. FATHER'S N	Henry,	Barnett		14. MOTHER'S MAI	ica, McIluaine		
(Ye	MAS DECEASION, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or dete	FORCES? 16.	SECURITY NO.	17. INFORMANT Records B.C.	H. 4940 Eastern	Ave.	ESS
CERTIFICATION	OISEASE OTHER S	SE OR CONDITION LEADING TO DEA' not mean the mode ore, asthenia, etc. It men complication which of ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT	TH of dying, e. g., ns the disease, aused death.) SES FANY, GIVING STATING THE COST.			Abscess		NTERVAL BETWEEN
	TO THE DE	SEASE OR CONDITION	CAUSING IT.	INGS OF OPER	ATION			20. AUTOPSY?
EDICAL	6-29-51			Prostatic		D. Ale in D. William City		YES NO
MED	LYING OF CAUSE OF	Month) (Day) (Year) y certify that I att ive on 7-8-50	(Hour) 21E. IN WHILE A WORK	NJURY OCCURRING NOT WHILE AT WORK sed from 6 1 hat death occur	injury occur 21f. How Did 2-50 , 19 red at 9:22 AM,	INJURY OCCUR? , to 7-8-50 , 19 from the causes and on), the da	at I last saw the ite stated above.
	AA. BURIAL, C			AME OF CEMETER	4940 Eastern	24D. LOCATION (City, to		-8-1950 unty) (State)
D	N. REMOVAL S AE WOTA ATE RECEIVED COAL REGIST 11 1 1 10 10 1	D BY REGISTRAR	50 5 S SIGNATURE	reen n	Count 25. FUNERAL DIRE	Balto.	Mo	d, DRESS
11	VS 150	5U 1		1909	9600	2 217 ST. Paul	(2)	1370



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

50 6022

0 6022 BIRTH NO.	CERTIFICATE	OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) DOLLY S.	PYBAS		PATE OF EATH July 7,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	2 20210	4. USUAL RESIDENCE (Where d	eceased lived. If institution: residence B. COUNTY before admission
	titution, give street address or location)	Maryland c. CITY OR TOWN (If outside Baltimore	e corporate limits, write RURAL and give
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, s 312 E. 20th St.	
Female White Di	IGLE, MARRIED, DOWED, DIVORCED (Specify) VOTC ed	8. DATE OF BIRTH 9. A	GE (In years H Under Yer H Under 24 Hours Months Days Hours Min.
vork done during most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (State or foreign of	country) 12. CITIZEN OF WHAT COUNTRY
Braider wire We	stern Electric	W. Va.	
Henry Stewart		Mary (Unk	mown)
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service No	\$7 16. SOCIAL *) SECURITY NO.	Mrs Henry Pleasant,	ADDRESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of the complex of the c	iséase, death.) DUE TO suid	inoma of the ce L metafstases	wix
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE OTHER DISEASE OR CONDITION CAUSI	CON-		
19A. DATE OF OPERATION 19B. MA.	JOR FINDINGS OF OPER	ATION	20. AUTOPSY?
HOMICIDE (Specify) about b	PLACE OF INJURY (e. g., in ome, farm, factory, street, office bldg., e		Saltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCC	UR?
22. I hereby certify that I attended deceased alive on 7, 19	D. and that death occur	rul at 7 P. m., from the car 38. ADDRESS	uses and on the date stated above
0 10 10 1010	249 NAME OF CEMETE	601 Winaus	Way 8 July 50 (State)

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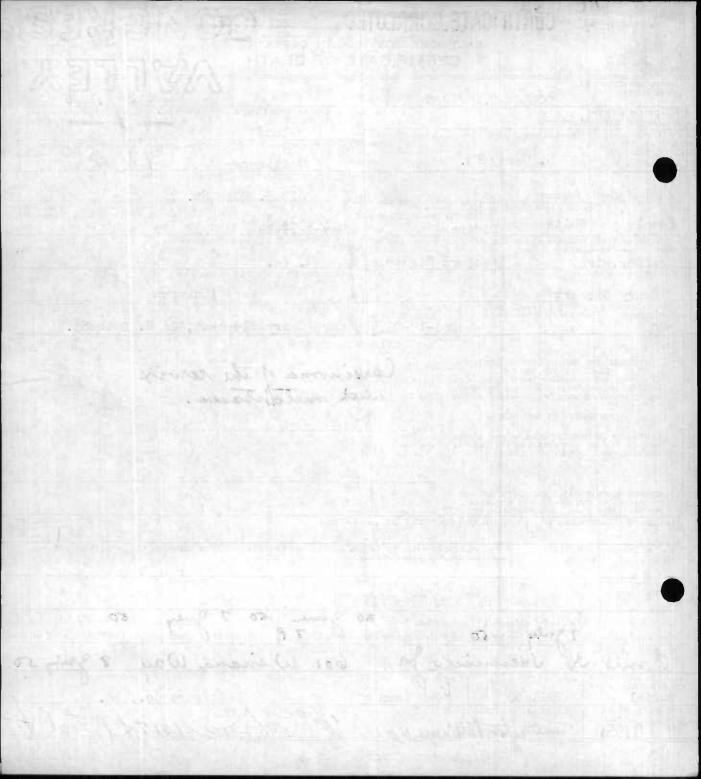
REGISTRAR'S SIGNATURE

Burial

DATE RECEIVED BY

25. FUNERAL DIRECTOR

ADDRESS



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BALTIMORE CITY HEALTH DEPARTMENT

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Registered No.

1 /	RTH NO.			CERTIFICATI	E OF DEATH	registele	d No.
	NAME OF D					2. DATE	
CHARLES W. GREIN					OF DEATH July 8,1950		
	PLACE OF D Baltimore (City, Maryland			A. STATE	B. COUNTY	
B.	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)	Maryland		
IN	STITUTION	3025 Windsor	ATTA.	100001011)		outside corporate in	imits, write RURAL and give township)
6	6	0050		Yrs.	Baltimore D. STREET ADDRESS (If	rural give location	1-03
	I anoth of a	tay in Poltimons		Mos.			,
	SEX SEX	tay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	twood Ave.	K Under 1 Year If Under 24 Hours
70	Tale	White	Divor	ED, DIVORCED (Specify)	July 25,1877	last birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND		11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF
work		of working life, even if retired) Blower, retire	d Ca:	rr Laury Co	Pa.		WHAT COUNTRY?
13	FATHER'S		I	-	14. MOTHER'S MAIDEN N	AME	
	William	H. Grein			Elizabeth (Uni	known)	
15	. WAS DECEAS.	ED EVER IN U. S. ARMEI	FORCES?	I6. SOCIAL	17. INFORMANT		ADDRESS
	, no or unknown) VO	(If yes, give war or date	s of service)	SECURITY NO.	Mra Elizabeth Ha	rtmon 3035	Fleetwood Ave.
	18. ///			CALISE	OF DEATH	direit, 0000	INTERVAL BETWEEN
RTIFICATION	heart failt injury or DISEASE RISE TO	LEADING TO DEA s not mean the mode of the are, asthenia, etc. It mes complication which ANTECEDENT CAU: S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION L.	of dying, e. g uns the disease caused death. SES F ANY, GIVIN STATING TH	(B)	Hensive card	eseare	2 geore
ERT		BIGNIFICANT COND			proselerosis		14000
Ü	TO THE D	SEASE OR CONDITION	CAUSING I	τ			20. AUTOPSY?
J.	19A. DATE C	OF OPERATION 0	98. MAJOR	FINDINGS OF OPER	ATION		YES NO P
MEDICAL	HOMICIDE D. TIME	ENT. SUICIDE. (Specify)	about home, fr	CE OF INJURY (e. g., in arm, factory, street, office bldg., of the control of the	te.) INJURY OCCUR?		ty, give exact location)
	INJURY		m. W	HILE AT NOT WHILE			
		live on kely 6	tended the	deceased from Ja	red at \$ 10 A.m., from t	he causes and o	A3C. DATE SIGNED
	Mon	edown 13, J	Huran		of8 W. nows	s sor.	July 8, 1960
24 TIC	A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE Specify)	4	C. NAME OF CEMETE		OCATION (City, to	
-	Burial	7/11	/50	Moreland Par	K BUNERAL DIRECTOR	altimore Co	ADDRESS /_
	CAL REGIST		ator Nu	liana, por	I'M Col Jac	1211 51	Toul 8
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6024 BALTIMORE CITY HEALTH DEPARTMENT Registered No. ERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF VORMAN VULY DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland//D/ (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (township) SQLTIMORE IN BLATTS D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3023 RESSTMAN c. Length of stay in Baltimore Days AGE (In years It Under I Year It Under 24 Hours last birthday) Months Days Hours Min. SINGLE, MARRIED 9. AGE (In years) 6. COLOR OR RACE WIDOWED, DIVORCED (Specify MURRIED 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? JONE (1.5.A 13. FATHER'S NAME UR. HARON BERTHA TRIEDEN WALD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 3023 PRESSTHAN ST BEATRICE TRIEDENWALD-INTERVAL BETWEEN CAUSE OF DEATH 20,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A. DATE OF OPERATION . 198. MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT. SUICIDE. 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE! 1950, and that death occurred at 10 2-m. from , 19 5 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on Ing A-m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATUSE ZAA. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE Balto. BQ LTIMORE BURILL HEBREW

25. FUNERAL DIRECTOR

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DATE RECEIVED BY

REGISTRAR'S SIGNATURE

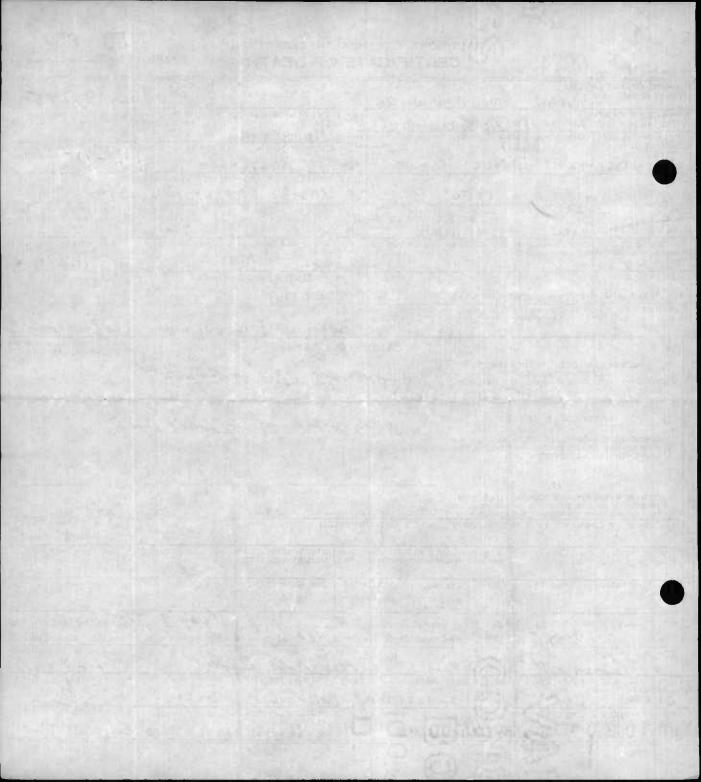
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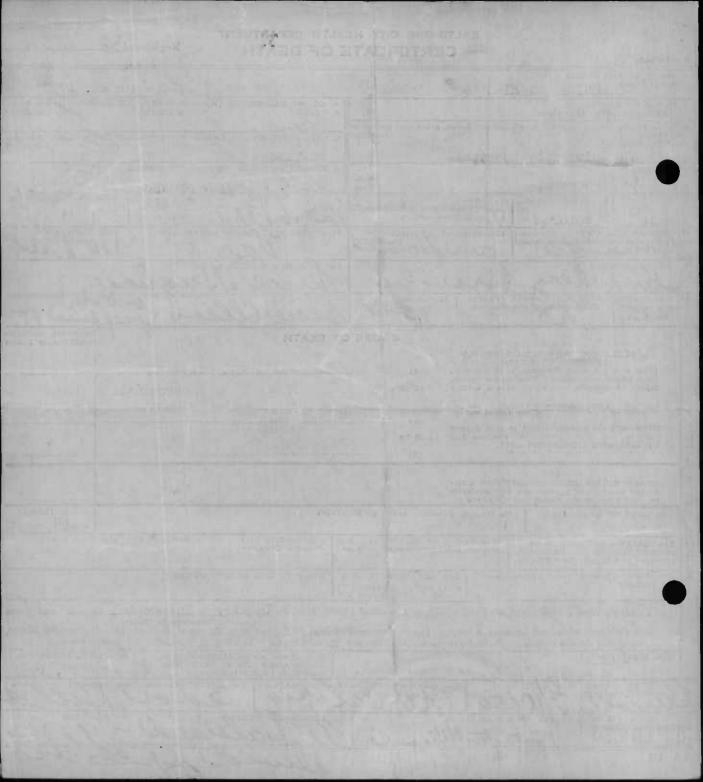
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 6025

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered	No. OUG
1. NAME OF DECEASED			2. DATE	
	LOUISE YOUNG		DEATH Jul	y 7, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	ere deceased lived, . B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospit	al or institution, give street address or			
HOSPITAL OR INSTITUTION	location)		utside corporate lim	nits, write RURAL and give township)
2701 Pelham Av		Baltimore	40	
	Yrs. Mos.	o. STREET ADDRESS (If re		
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	4347 Shamrock	T	Milledge I Vess L Milledge 24 Name
F	WIDOWED DIVORCED (Specify)	June 10, 1910	40	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Tel Operator	C & P Tel. Co.	Baltimore, Md.	ME	USA ?
Robert S. Gibson		Katherine M. L	eimhero	
15. WAS DECEASED EVER IN U. S. ARMEI Yes, no or unknown) (If yes, give war or date		17. INFORMANT		ADDRESS
no	212-05-184	7 Mr. Joseph		
18. /7 0 V	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY	Y 6		ONSET AND DEATH
(This does not mean the mode of	TH of dying, e. g., (A)	ile Condice d	Loxate	n Hell 750
heart failure, asthenia, etc. It mea injury or complication which of	ins the disease,			011.
ANTECEDENT CAUS				0
z l	(B) Co	Cinous HI	2) Tuna	DEC 1.49
DISEASES OR CONDITIONS, I	F ANY, GIVING STATING THE OUE TO		7	
UNDERLYING CONDITION LA	(c)	cuoms of R	Brenk	100 1949
<u> </u>				
OTHER SIGNIFICANT CONDI	TIONS CON-			
TRIBUTING TO THE OEATH, BUT TO THE DISEASE OR CONDITION		u		
19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e.g., i	B or 21C. WHERE DID (If	in Baltimore City,	, give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.,	INSURT OCCURT		
O. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
MOORT	m. WHILE AT NOT WHILE			
22. I hereby certify Anat Latt		ans 1950 to \$	us 7 198	that I last saw the
	7,1950 and that death oceur	1		
27 S GNATURE		3B. ADDRESS	. 1	234. DATE SIGNED
Willam 7.18	A auel M.O.	for a receive	odsh	July 1 20
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, tow	(State)
burial 7/10/50		recomelay Balt:	imore, Md	
DATE RECEIVED BY REGISTRAR	S SIGNATURE	PERSONAL PARESTOR &	COMO TH	
101 10 1930 1 milion	Wallians At B	TIDINICI OPAN DELL CE	DOND, IN	C.ADDRESS
	itor Milliams, Mill	BALTIMORE - 13	MD,	C. Address
VS 150	tor Williams, Man	BALTIMORE - 13	Mosery	C. Address C. J. January
VS 150	ton Milians, 183	BALTIMORE - 13	MDSerry	C. Address 1. January 50

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0000	CERTIFICATE	E OF DEATH	Registered No.	6025
1. NAME OF DECEASED			2. DATE	
(Type or Print) LOUISE MEEKINS			of June 28	
a. Baltimore City, Maryland		4. USUAL RESIDENCE (WI	B. COUNTY	hefore admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	ution, give street address or location)	Maryland c. city or town (If o	outside corporațe limits, wr	ite RURAL and give
University Hospita	a.L	Baltimore	4-02	township)
	Yrs. Mos.	D. STREET ADDRESS (If r		
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SING	Days LE, MARRIED	8. DATE OF BIRTH	9. AGE (In years) If Under	
	WED, DIVORED (Specify)	Ded. 6/917	last birthday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIN work on during most of working life eyes if retired)	ID OF BUSINESS OR	11. BIRTHPLACE State or for	reign country) 12.	CITIZEN OF
A FATHER'S NAME	worke	va.	u	1.8.0.
J. Ban Kery Br.	Auch !	14. NOTHER'S MAIDEN NA	Tualies	
WAS DECEASED EVER IN U. S ARMED FORCES?	16. SOCIAL	17 INFORMANT OOO	6 AOR	25
(lf yes, give wand dates of service)	PROPERTY.	Susie Clo	s - Voceple	we pt.
18.002X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	_	ennace bitchemat -		
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise Injury or complication which caused dea	ase,	vanced bilateral p		
ANTECEDENT CAUSES	ion., 502 10		tuberculosis	
	(B)	•••••••••••••••••••••••••••••••••••••••		400000000000000000000000000000000000000
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
O	(C)		***************************************	
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELADED TO THE DISEASE OR CONDITION CAUSING USE A DATE OF OPERATION 198, MAJO				
TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING				
	R FINDINGS OF OPER	ATION		YES NO X
1 ZIA. LAILINIAL CAUSE WAS	ACE OF INJURY (e. g., in		in Baltimore City, give	
UNDERLYING OR CONTRIB- about bout UTING CAUSE OF DEATH.	t, tat m, tacour y, an con, out or new, o			
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
m.	WORK AT WORK	I Transier	& Increation 4	
22. I certify that I took charge of th		Autopsy, In	nspection or Inquiry	
the evidence obtained by said Au and death in my opinion resulted	from: natural causes	X , accident \square , suicide	□, homieide □, under	termined .
23A. SIGNATURE	uslo-her.	238. CHIEF MEDICAL E.	XAMINER	e 29, 1950
2/A) BURIAL, CREMA- 245. DATE	CAC NAME OF CEMES ER	.D. MEDICAL INVESTIGATORY 240.	CATION (City, town, or c	
Durio 1/10/50	INO Ca	every le	word	were
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE W.	25. FUNERAL DIRECTOR	ton d) - ADI	DRESS A
10 10 1950 Tuistre for	Miliana, K.	W. aprecen	100	
V S 151	County of the state of the stat	pleved	Hell	136



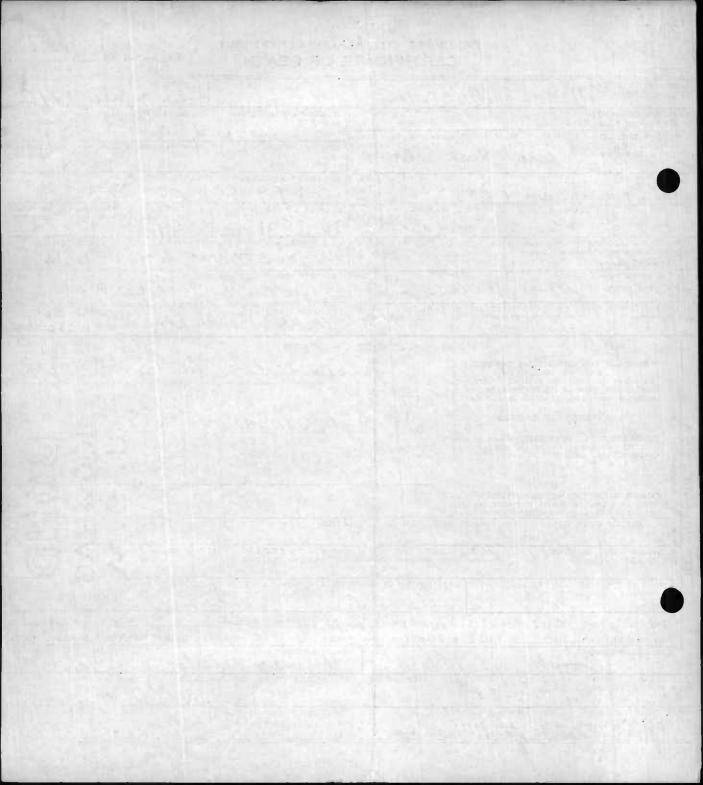
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BALTIMORE CITY HEALTH DEPARTMENT

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50	6027
Registered No.	0.010

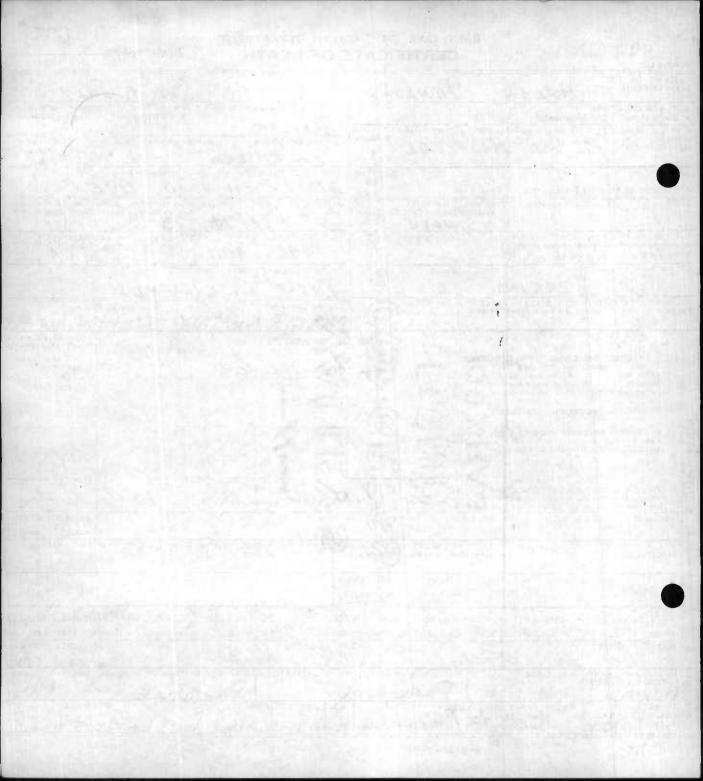
	NO.	

CERTIFICAT	E OF DEATH Registered No.
Type or Print) MABEL MURPHINE	2. DATE OF JULY 9.1970
s. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NSTITUTIONST, VOSEPHS HOSP. PACTO.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 2119 (RAMER 57.
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) WIDOW	Marie 331-/88/ 69
IOA. USUAL OCCUPATION (Give kind of logs. KIND OF BUSINESS OR INDUSTRY) WOUSE WIFE	11. BIRTHPLACE (State or foreign country) WOODSTOWN, N.V. 12. CITIZEN OF WHAT COUNTRY?
ALFRED Mª ALLISTER	DEBORAN CRISPIN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT P. MURPHINE WOUDBING
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	OF DEATH PEBRAL VAS. ACCIDENT. 2 HB
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20, AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about bome, farm, factory, street, office bldg., 12 ID. TIME (Month) (Day) (Year) (Hour) 21B. PLACE OF INJURY (e. g., i about bome, farm, factory, street, office bldg., 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	etc.) INJURY OCCUR? Z1F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on 19, 19 . O, and that death occur 23A. SIGNATURE M. D. M. D.	1 1
24A. BURIAL, CREMA. 24B DATE 24C, NAME OF CEMETE	25. FUNERAL DIRECTOR ADDRESS (State)
JUE 10 1950 tunting to Milians, Marians	Elsworth Um acost of 3a

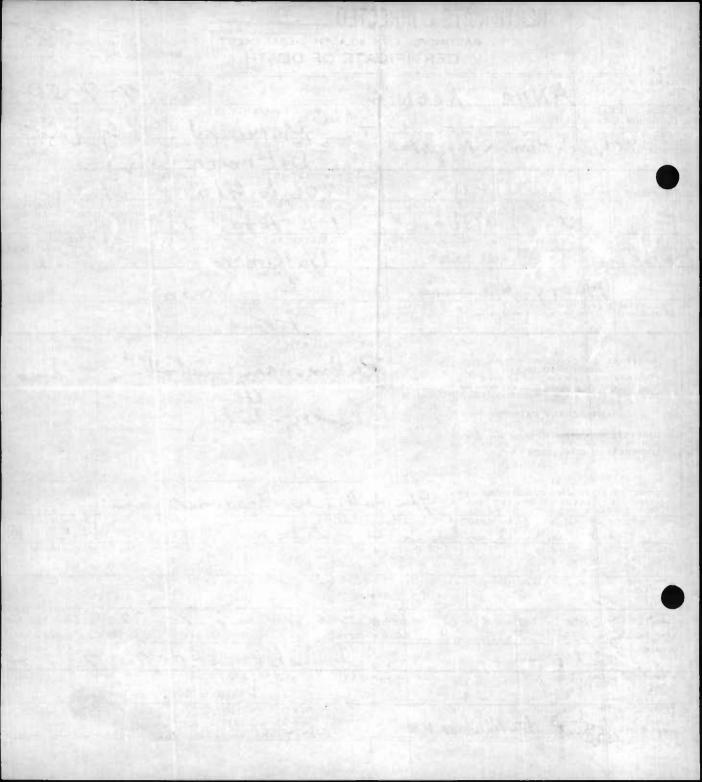
5118 Hunn Oak ave



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RIE	RTH NO.	0000		CERTIFICAT	E OF DEAT	H Regist	ered No	
	NAME OF D	ECEASED				2. DATE		
	pe or Print)		= 5	JENKINS		OF DEATH	6 Jus	LY 50
	PLACE OF D				4. USUAL RESIDE	NCE (Where deceased is. COU		ion : residence before admission)
B. F	TULL NAME		pital or institut	ion, give street address or	444			
	SPITAL OR	MERCY	HOSA	ITAL location)	C. CITY OR TOWN	(If outside corpora	te limits, write	RURAL and give
5					BALTIM	70 RE -	12 2	7-10
-			, ,	Yrs. Mos.	D. STREET ADDRE	SS (If rural, give loca	tion)	
		stay in Baltimore		Days	510 KI	CH WOOD	AUE	
5. 9	SEX	6. COLOR OR RAC		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH			at If Under 24 Hours Bys Hours: Min.
	-	W	51	NELE	OCT 15,	1874 75	2,	and
10/	done during most	CUPATION (Give kind of working life, even if retir	of 108. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)		TIZEN OF
	AT	HOME		Medosiki	MAKYL	AND	u	5 A
13.	FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME		
	JOHN	I JENK.	INS		JULIA	E. EDWAR	ns	
15.	WAS DECEAS	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT		ADDRES	S
(1 00,	No	(1) you, give war or u	aces of service)	SECURITY NO.	MRG G. R.N	JUNGARO 5	in Rich	Lulma Aus
T	18.	(1 1		CAUSE	OF DEATH	1111917110	INT	ERVAL BETWEEN
	J 7	SE OR CONDITION	N DIDECTIV	1 A	/ · / ·	/	ON	SET AND DEATH
		LEADING TO DE	EATH	Caso	deac lai	Till	6	ent
	heart failt	are, asthenia, etc. It n	cans the diseas	se,				
	injury or	complication which	caused death	a.) DUE TO	Company of the Compan		3 1 3 1 1	
_		ANTECEDENT CA	USES					
		S OR CONDITIONS			***************************************	***************************************		
A	UNDERL	THE ABOVE CAUSE (YING CONDITION	A) STATING TO LAST.	HE DUE TO				
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Ë		11		(C)				
田田田		SIGNIFICANT CON G TO THE DEATH, BE			st brit de	ordenum - 1	24.72	1 11-1
U _		DISEASE OR CONDITI		FINDINGS OF OPER	ATION	across of		ALITOPOVA
AL AL	ISA. DATE C	OF OPERATION	198, MAJOR	FINDINGS OF OPER	ATION			O. AUTOPSY?
DIC -	21A. ACCIDI	ENT. SUICIDE,	21s. PL/	ACE OF INJURY (e. g.,	n or 21c, WHERE D	ID (If in Baltimore		
	HOMICIDE	(Specify)	ebout home,	farm, fectory, street, office hldg.,	otc.) INJURY OCCU	R?		
Σ .	21p. TIME	(Month) (Day) (Yes	ar) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
ľ	INJURY			WHILE AT NOT WHILE				
			m.	WORK AT WORK		0//	CO	
		y certify that I c			1957	, to july		I last saw the
-	deceased a	11 11	, 1950,	and that death occur	rred at 10 m.	from the causes an		
	23A. DIGNA	SOA.	Kred		38 ADDRESS	sh	29	DATE SIGNED
24.	A. BURIAL, N. REMOVAL (S	CREMA- 24B. DATE		M. D. 24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (Cit	y, town, or coun	(State)
TIO	REMOVAL (S	3pecify) 7-10-	105	PARKWOO		PADVIIII		Mo.
	TE RECEIVE	D BY REGISTRA	R'S SIGNATI		25. FUNERAL DIR	128 80166	ADDR	
LO	CAL REGIST	RAR	the town	Williams M. M.	4 W 1- W.	12. 1621.	C. Agai	= VADY DA
-		1950	TANK AND	The state of the s	12.10.9ENIC	1117 & 70M)	Co 470	2 TOKY VO
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BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DAISY (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Church Home . Hospita (If outside corporate limits, write KCRAL and give C. CITY OR township D. STREET ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED H Under 1 Year 8. DATE OF BIRTH AGE (in years WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Kouse with at home IMORP 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Waldman 0-8-11-6 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 976 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g. in or 121c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! - That I last saw the 22. I hereby certify that I attended the deceased from 6 -25 3,00 _, to_ deceased alive on 2-7-53, 19 and that death occurred at. m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Eastern Ave., Baltimore Md Burial July II 1950 Oak Lawn Cemeters 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE Schimunek Funeral Home, LOCAL REGISTRAR THE PROPERTY OF THE PARTY OF TH

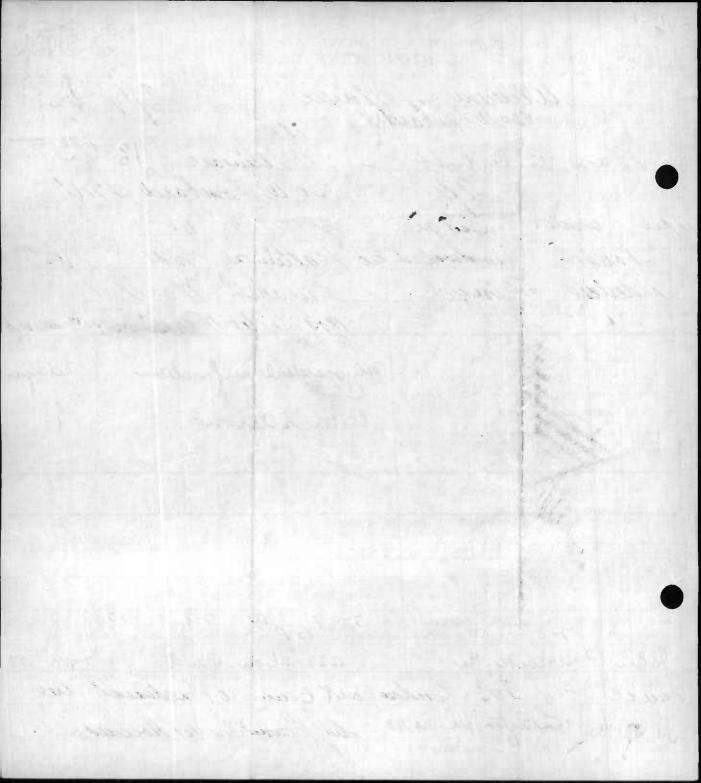


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) July 7, 1950 KOTRLA Joseph DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 3048 Boston St. Baltimore township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3048 Boston St. c. Leigth of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years) 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male White married 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? retired A CHIMI Monitor Contro. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Kotrla unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Elizabeth Kotrla, wife, 3048 Boston St. 217-20-9849 INTERVAL BETWEEN 18. 377,0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) ... Acute alcoholism heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (a.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🕃 accident 🗆, suicide 🗀, homicide 🗀, undetermined 🗀. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... ☐ L 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR July 8. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) July 10,1950 Oak Hill Cem. Burial Horner's Lane, Baltimore, 25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. DATE RECEIVED BY REGISTRAR'S SIGNA IIII 101950 Thereton /

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased I/ved. X institution: residence B. COUNTY A. Baltimore City, Marylando before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) lework Yrs. Mr rural, give location) Mos. c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years M Under | Year | 11 Under 24 Hours last birthday) Months: Days Hours: Min. Hall 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT, COUNTRY 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! 1950 that I last saw the 1950 to 22. I hereby certify that I attended the deceased from_ deceased alive on_ 1900, and that death occurred at 10 m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED REMOVAL (Specify, REGISTRAR'S SIGNATURE DATE RECEIVED BY ADDRESS VS 150 一种国际政治部。 建物学的



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) Laura J. Williams DEATH 4. USUAL RESIDENCE (Where deceased lived, If Institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 1913 Division St. Baltimore Yrs. n STREET ADDRESS (If rural, give location) Mos. 1913 Division Street 13 Vrs. Days
7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years | H Under | Year | H Under 24 Hours | last birthday) | Months; Days | Hours | Min. Female Colored Widow Mar. 25, 1862 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF TYSAT COUNTRY work done during most of working life, even if retired) INDUSTRY Retired Housekeeper Baltimore Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kohn W. Matthews Barbara Butler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17MFSRM Helen Sanks 1913 Division St (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No NTERVAL BETWEEN CAUSE OF DEATH 3-60X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 5-1- 1950to 7-7- 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 7-7-, 1950. and that death occurred at Q. H. m., from the causes and on the date stated above. 23A. SIGNATORE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24C NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

Mt. Auburn George T. A.

Baltimore, Md.

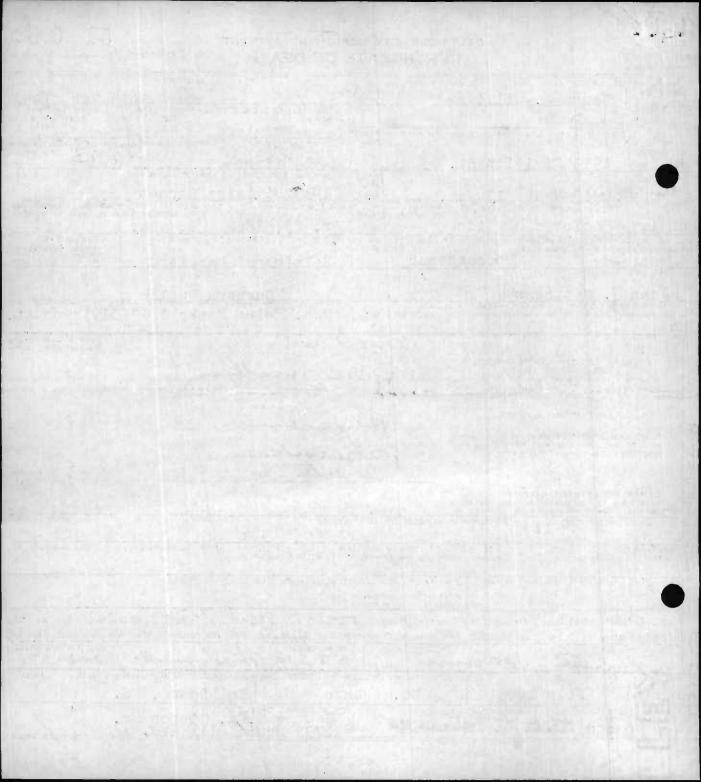
Gibson Sr.

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REGISTRAR'S SIGNATURE



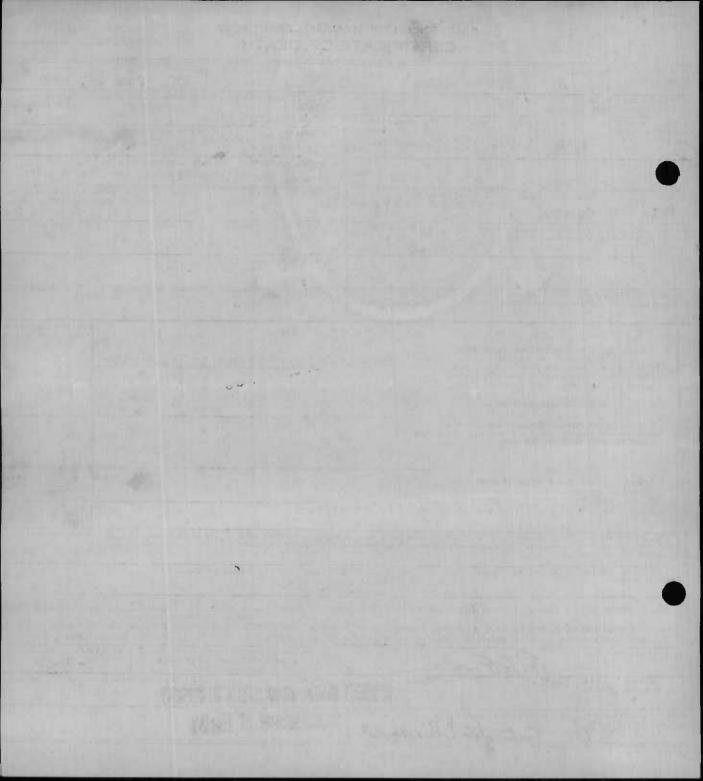
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BI	6033 RTH NO.	CERTIFICATE		Registered No.	6033
	NAME OF DECEASED ype or Print)	01 6 900	loano	2. DATE. OF	7- 52
Α.	PLACE OF DEATH: Baltimore City, Marylan	adint Hoste	4. USUAL RESIDENCE (Whe	re deccased lived. If institut B. COUNTY	tion: residence before admission)
H	FULL NAME OF (If not in hospital or: DSPITAL OR STITUTION	institution, give street address or location)	c. CITY OR TOWN (If out	tside corporate limits, write	
3	Providen	Hvefel.	O. STREET ADDRESS (If rur	al, give location)	township)
	Length of stay in Baltimore	Life Mos. Days	1119 n. cal	home &	K .
7		SINGLE, MARRIED, VIDOWED, DIVORCED (Specify)	9-14-1933	last birthday) Months D	lear H Under 24 Hours Days Hours Min.
	A. USUAL OCCUPATION (Givekind of door during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		ITIZEN OF
13	FATHER'S NAME	403P17AL	14. MOTHER'S MAIDEN NAM	E	1.5.
15	. WAS DECEASED EVER IN U. S. ARMED FOR	ckson	Eva Gra	4	V
(Ye	(If yes, give war or dates of en	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	La 11/9 Cal	See &
	18. 057.0		OF DEATH	ON IN:	TERVAL BETWEEN
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyi	A11	go Coccie Men.	ingitis	6 dass
	heart failure, asthenia, etc. It means the injury or complication which caused	disease.			
z	ANTECEDENT CAUSES	(B)			
ATIO	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	NG THE OUE TO			
FIC		(C)			
ERTIFICATION	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT TO THE OISEASE OR CONDITION CAU	RELATEO			
IL C		MAJOR FINDINGS OF OPER	ATION	2	O. AUTOPSY?
EDICA		B. PLACE OF INJURY (e. g., io at home, farjus factory, street, office bldg., et		n Baltimore City, give ex	act location)
Σ	210. TIME (Month) (Day) (Year) (Hou		21F. HOW DID INJURY O	CCUR?	
E		m. WHILE AT NOT WHILE		/	
	22. I hereby certify that I attended deceased alive on 7/7, 19.	d the deceased from 6.	1950, to 7/ red at 11 2 m., from the	7 , 195 ρ that causes and on the dat	! I last saw the e stated above.
	23A. SIGNATURE	1 2:	3B. ADDRESS		DATE SIGNED
	A. BURIAL, CREMA- 24B. DATE NAREMOVAL (Specify)	24c. NAME OF CEMETER		ATION (City, town, or cour	1,00
DA	THE RECEIVED BY REGISTRAR'S SIC	Whiams, Mar	25. FUNERAL DIRECTOR	638 ADDF	"Ess line
_	VS 150	- The standard of the standard	The state of the s	y	/

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BALTIMORE CITY HEALTH DEPA	ARTMENT 50 6034
BIRTH NO. 5012658 CERTIFICATE OF DEA	ATH Registered No
1. NAME OF DECEASED (Type or Print)	2. DATE OF 6- 22-00 DEATH
A. Baltimore City, Maryland	SIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give struct address or location) C. CITY OR TO	OWN (If outside corporate limits, write RURAL and give
TOWNS HOPKIKS HOSPITAT	Climare 10-82 township)
c. Length of stay in Baltimore Yrs. Mos. Days	DDRESS (If paral, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	IRTH 9. AGE (In years Under Year Under 24 Hours last birthday Months; Days Hours Min.
Male There SINCLE 6/22/3	50 34
10A. USUAL OCCUPATION (Give kied of ork done during most of working life, even if retired)	CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	MAIDEN NAME
JOHN SLAIER ALIC	E SMITH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN SECURITY NO.	
18. 97/ X CAUSE OF DEATH	IONAS ROPKINS HOSPITAL
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Huludey
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH	
INJURY WHILE AT NOT WHILE	DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1, 1	9 Dto 6 - 12 , 19 That I last saw the
deceased alive on 6.24, 19 c and that death occurred at 200	am., from the causes and on the date stated above.
23A. SIGNATURE WALLEY M. D. 23B. ADDRESS"	NS HUPKINS HOSPITAL 123C. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	DRY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL	
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IS I	TIMORE CITY HE	ALTH DEPARTMENT	50	6035
	CERTIFICATE		Registered No	0
1. NAME OF DECEASED (Type or Print) BABY	BOY EVA	NS	2. DATE OF DEATH June	28, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION	location)	Maryland c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give
Baltimore City Ho	spital Yrs.	Baltimore D. STREET ADDRESS (If)	rural, give location)	
c. rength of stay in Baltimore U	Mos. Days	1640 N. Gilmo		
	, MARRIED, ED, DIVORCED (Specify) N	B. DATE OF BIRTH		ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	ceign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	W	14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT N	AD	DRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE	(B)	tal asohyxia due	to immeturity	7
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	D			
19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
	CE OF INJURY (c. g., in rm, factory, street, office bldg., c		f in Baltimore City, g	
OF INTURY	THE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
the evidence obtained by said Auto	nsu. Inspection or l	Autopsy, Inquiry, find that said de	Inspection or Inquiry receased died on the, homicide, ur	thereon and from a day stated above adetermined DATE SIGNED
//////		.D. MEDICAL INVESTIGAT	OR	5-29-50
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	4c. NAME OF CEMETE	MEDICAL SCHOOL JUN 3	0 1950	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATULOCAL REGISTRAR	Villiams, MA	25. FULL DIRECTOR		ADDRESS
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SIRTH NO.	6035
STARKE OF	DECEACED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6036 Registered No.

В	IRTH NO.						
1. NAME OF DECEASED (Type or Print) WALPNTY MAZINSKI						2. DATE OF DEATH June	14, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDENCE (WA. STATE Marvland	Where deceased lived. If inc B. COUNTY	stitution : residence before admission)
H	OSPITAL OR			location)	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give township)
3		Baltimore C	ity Hos	spital Yrs.	Baltimore D. STREET ADDRESS (If	rural give location)	2
c.	nogth of si	tay in Baltimore		Mos. Days	708 S. Bethel S		
	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years Un	nder I Year II Under 24 Hours
	male	white	Ü	/ED, DIVORCED (Specify)	U	- 65	hs Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. NBIRTHPLACE (State or fo	reign country) 12	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	IAME	N		14. MOTHER'S MAIDEN NA	AME	
				O	0		
15 Ye	o, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	No. SOCIAL NECURITY NO.	17. INFORMANT	ADD	DRESS
KIIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEA a not mean the mode of the asthenia, etc. It mest complication which of the anti-complication which of the anti-complication which of the anti-complication which of the anti-complication (A) I I I I I I I I I I I I I I I I I I I	of dying, e. ; ans the disease caused death SES F ANY, GIVIN STATING TI ST. ITIONS COI NOT RELATI	(E)	ary artery sclero		
) II		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
7							YES X NO
200	UNDERLYING	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., i		f in Baltimore City, give	e exact location)
Σ	21D. TIME (Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
24	the evi	dence obtained by ath in my opinion	said Autoresulted f	rom: natural causes	Autopsy, Inquiry, find that said de s ∰, accident ☐, suicide 238. CHIEF MEDICAL E ASSISTANT MEDICAL INVESTIGAT	Inspection or Inquiry eceased dicd on the, nonicide, uncertainty 23c.	DATE SIGNED 10 1950
-				UNITED	it withings positive him a	0 1950	
LC	ATE RECEIVED	950 REGISTRAR	6 B./.	liams, M.	25. TUNERALODIRECTOR	imiti ^	ADDRESS
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,	0 00	CFZ			ALTH DEPARTMENT	X 5	0 6037
Bi	RTH NO.	37		CERTIFICATI	E OF DEATH	Registered N	0
	NAME OF D ype or Print)	VIRGIL J.	Lae			2. DATE OF DEATH	8-50
3.	PLACE OF D				4. USUAL RESIDENCE (V	Where deceased lived, If i	nstitution: residence before admission)
В.	FULL NAME		al or instituti	on, give street address or location)	md.	9.0.	and the same of th
	STITUTION	University	Hosp.	location)	Gibson Island	outside corporate limits	township)
7			22001	Yrs.	D. STREET ADDRESS (If	rural, give location)	
		tay in Baltimore		Mos. Days		5	200
	male	White	WIDOW	. MARRIED. ED DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mon	ths Days Hours Min.
		CUPATION (Givekiedef		of Business OR	July 22, 1879 11. BIRTHPLACE (State or f.	oreign country)	12. CITIZEN OF
work	dooe during most	of working life, even if retired)		INDUSTRY	North Carolina	oreign country)	WHAT COUNTRY?
13	FATHER'S		Text	ile	14. MOTHER'S MAIDEN N	AME	
Н	arry M.	Lee			Sarah Ford		
15 (Va	. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
(20	no			SECORITI NO.	Mrs. Margaret	M. Lee 2933	St. Paul St.
MEDICAL CERTIFICATION	OTHER STRIBUTION TO THE DISPLANCE OF TRIBUTION TO THE DISPLANCE OF THE DISPLANCE OF TRIBUTION TO	ENT. SUICIDE. (Specify) (Month) (Day) (Year) y certify that I attlive on Francy	THOUSE CONNOT RELATE CAUSING I PLA about home, full the condition of the c	(c) Conduction (c) Co	a or 21c. WHERE DID (INJURY OCCUR? ED 21F. HOW DID INJUR	live Chole lithins, or Chole l	ive exact locations) that I last saw the
24	0	CREMA- 24B. DATE (M. D.	University,	OCATION (City, town,	8 July 1950
_	Remov	al / 7/11/5	0	Cross Cre		Fayetteville	
	ATE RECEIVE DCAL REGIST		S SIGNATU	RE	I'm Jink	ner Hars	Palty.
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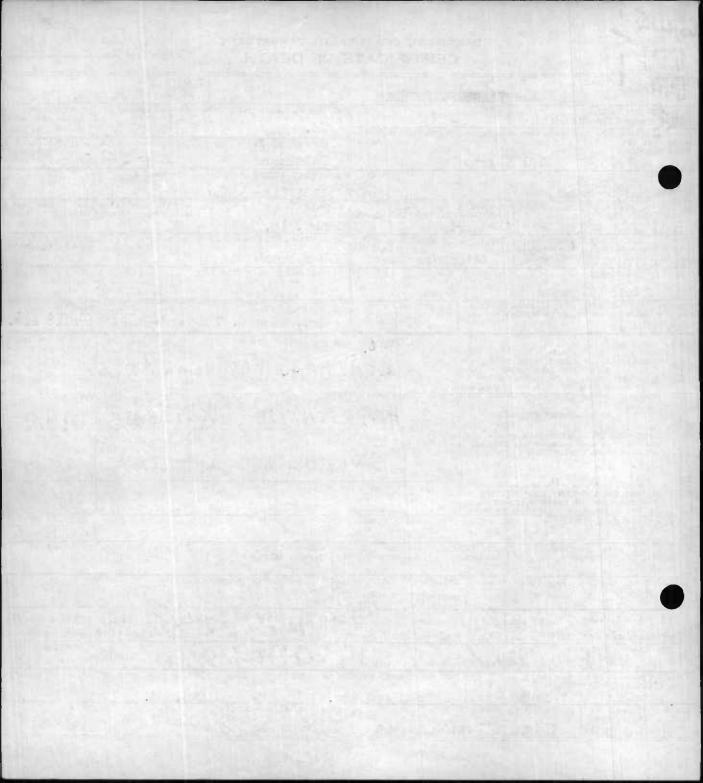
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50	6038 BALTIMORE CITY HE CERTIFICATI	70 1 / 2 27	0000
BIR	TH NO.	L OI DEATH	
	NAME OF DECEASED Pe or Print) HARRY ANDREW FOREMAN	2. DATE OF July	8, 1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	tution : residence before admission)
	ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, wr	ite RURAL and give
INS	1101 Elirno Way	Baltimore 26-0	township)
U	Yrs.	D. STREET ADDRESS (If rural, give location)	
c. I	Length of stay in Baltimore Mos. Days	1101 Elirno Way	
5. 5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years H Under last birthday) Months	1 Year If Under 24 Hours Days Hours Min.
	ale white married	Nov. 16, 1876 73	
rork	. USUAL OCCUPATION (Givekiod of lone during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT COUNTRY
13	Construction Foremant Telephone	Maryland 14. MOTHER'S MAIDEN NAME	
10.		7	
15.	Taylor Foreman WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		866.00 3/3
(Yes,	no or nokoown) (If yes, give war or dates of service) SECURITY NO.	Mrs. John W. Vaughan - 1924 M	erritt Ave.
	18. 44 3 X . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	- POLI VICOL AD AMOS	
	(This does not mean the mode of dying, e.g., (A)	LEBRAL VASCULAR ACCIDEN	1 -
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES HYPF	RTENSIVE C. V. DISEASE	3 um
O	DISEASES OR CONDITIONS, IF ANY, GIVING		270
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	4	O
N C	D'R	ONCHIAL ASTHMA	15 yrs
E	OTHER SIGNIFICANT CONDITIONS CON-		
iii	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Y -	21A, ACCIDENT, SUICIDE, 21B, PLACE OF INJURY (e.g., i	io or 21c. WHERE DID (If in Baltimore City, give	YES NO E
	HOMICIDE (Specify) about home, farm, factory, atreet, office bldg.,		,
Σ -		ED 21F. HOW DID INJURY OCCUR?	
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	LD ZIF, HOW DID INSONT GOODKI	
	INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		
	INJURY WHILE AT NOT WHILE MORK AT WORK		at I last saw the
	while AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on Moy 15, 1950, and that death occur	noy, 194 Ito July J, 1950 th rred gt 65 Am., from the causes and on the d	ate stated above
-	while AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on Moy 15, 1950, and that death occur	moy, 1947 to July 5, 1950 the great of 6th Am., from the causes and on the decays and the decay of the long of the	ate stated above
24/	while AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on Moy 15, 19, and that death occur. 23A. STONATURE	moy, 1947 to July 5, 1950 the rred of 6th Am., from the causes and on the decays. ADDRESS Wohrd are 22.	ate stated above
24, TIO	NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on Moy 15, 1950, and that death occur. 23A. SIGNATURE A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	moy, 1947 to July J, 1950 th rred of 6th Am., from the causes and on the d 238. ADDRESS / Location (City, town, does ERY OR CREMATORY 24D. LOCATION (City, town, does Cem. Woodlawn, Md.	ate stated above

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(Type or Print)

1. NAME OF DECEASED

3. PLACE OF DEATH:

CERTIFICATE OF DEATH

ANNIE ELIZABETH WEIDNER

50 6039

July 7, 1950

2. DATE

OF DEATH

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 641 N. Bentalou St. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 641 N. Bentalou St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) female white Oct. 31, 1872 widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dalrymple Bouldin Elizabeth Harris 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Miss Helen Weidner no no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Acute pulmonery congestion

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Styperteneni and arterioscleration

(B) cardio-varulan deriosc LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease: injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK that I last saw the 22. I hereby certify that I attended the deceased from____ deceased alive on 7 July 1950 and that death occurred at Am., from the clauses and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B, DATE 244 NAME OF CEMETERY OR CREMATORY Burial rkwood Cem. Balto., Md. DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS VS 150 · HELENDA JOSEPH AND PORTOR OF THE

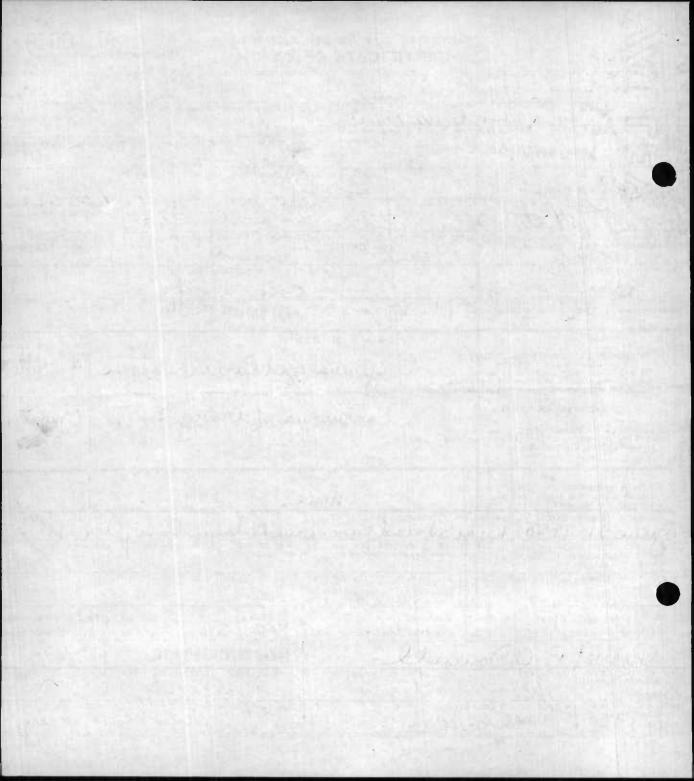
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. NAM: Type or	e of DECEA Print)

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BRtH N.6040	CERTIFICAT	E OF DEAT	Registered N	0 004U
1. NAME OF DECEASED (Type or Print)	rdwards	Cox.	2. DATE. OF DEATH	ly 9, 1950
B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital of inst	My 3 titution, give street s'ddress on	A. STATE	NCE (Where deceased lived, If B. COUNTY	institution : residence before admission
HOSPITAL OR HONELTON HONES HOPKING MOSPITAL	location	C. CITY OF TOWN	(If outside corporate limit	s, write RURAL and give
Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRE	SS (If rural, give location)	
SEX 6. COLOR OR RACE 7. SIN	Days IGLE, MARRIED, DOWED, DIVORCED (Specify	8. DATE OF BIRTH		Under 1 Year nths: Days Hours Min.
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Thomas Palvand	S	14. MOTHER'S MA		
15. WAS DECEASED EVER IN U. S. ARMED FORCE: Yee, no or unknown) (If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANTOP	KINS HOSPITAL.	DDRESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused d ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REINT TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION CAUSING	e. g., sease, eath.) DUE TO (B) Court (IVING DUE TO (C)	inoma of	Overy Left.	4 months
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21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		INJURY OCCUR?	
22. I hereby certify that I attended		- 2-0 - , 19.5	to <u>7-9-</u> , 19 from the causes and on the	that I last saw th
23 SIGNATURE P. ODO		238. ADDRESS	OPKINS HOSPITAL	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 10N. REMOVAL (Specify) 10/50	24c. NAME OF CEMETE	RY OR CREMATORY	Les aura	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGN	ATURE W.II.	25. FUNERAL DIR	Irchned + In	ADDRESS A

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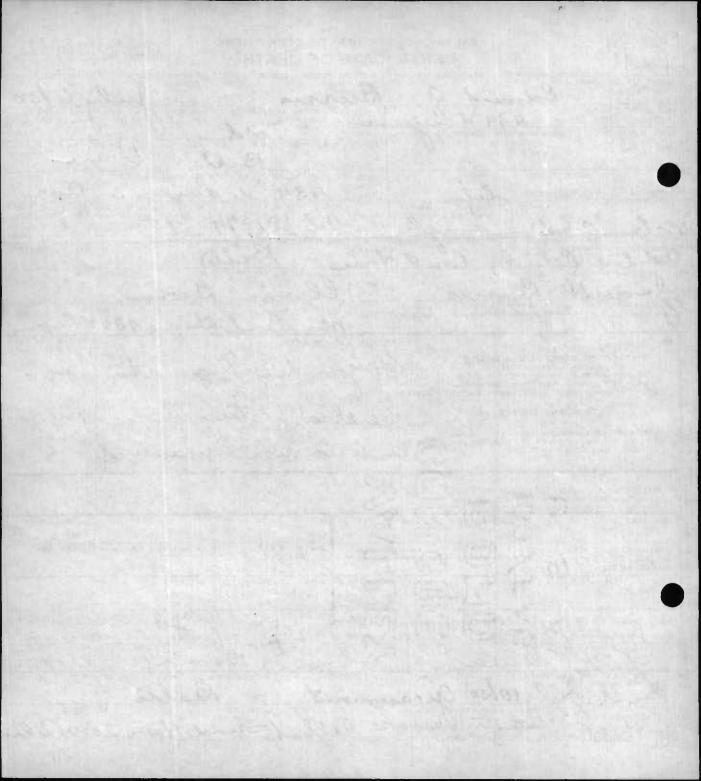
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CERTIFICATE OF DEATH Registered No. 6041 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	DEITH TOXTLE OF DE		
1. NAME OF DECEASED (Type or Print)	a Burris	2. DATE OF DEATH	lu 6/50
3. PLACE OF DEATH: A. Baltimore City, Maryland 434	ALISEANEM A. STATE		If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institutio HOSPITAL OR INSTITUTION	n, giv street address or location) c. CITY OR TO	OWN (If outside corporate h	mits, write RURAL and give
		Balls 6	township
c. Length of stay in Baltimore	Yrs. Mos. Days	DDRESS (If rural, give location)	au
5. SEX 6. COLOR OR RACE 7. SINGLE.		9. ALE (in years wit birthday)	If Under 1 Year If Under 24 Hours Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND	OF BUSINESS OR 11. BIRTHPLA	CE (State or foreign country)	12. CITIZEN OF
ork done during most of working the gren is retired)	INDUSTRY	Ballo	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	FARMA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? You no or unknown) (If you, give war or dates of service)	16. SOCIAL 17. INFORMAL SECURITY NO.	NT NOW	ADDRESS
	Miss &	arch Buris 4	34 MLeyene
18. 477 /	CAUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Myocaide	el Dogemat	on 2-54.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A		
ANTECEDENT CAUSES	Cerebral (arteriocheri	1 / runs.
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO		
UNDERLYING CONDITION LAST.	(c) acteriocle	oxis-jecceoly	ed (
11			1
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. MAJOR I	FINDINGS OF OPERATION		20. AUTOPSY?
	CE OF INJURY (e. g., in or 21c. WHE	RE DID (If in Baltimore City	y, give exact location)
CAUSE OF DEATH	m, factory, street, office bldg., etc.) INJURY O	CCUR?	
INJURY	IE. INJURY OCCURRED 21F. HOW	DID INJURY OCCUR?	
	WORK AT WORK	Mr. Aude 6 10	CO 11 11 11 11 11
deccased alige on July 5, 1950 an	nd that death occurred at 1215		that I last saw the the date stated above.
23A. SIENDURE	23B. ADDRESS	. Mornwell	23c. DATE SIGNED
24A. BURIAL, CREMA-	4C. NAME OF CEMETERY OR CREMATO	ORY 240. LOCATION (City, to	wn, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATUR	25. FUNERAL	DIRECTOR	ADDRESS
LOCAL REGISTRAR ()	Minus, Me Well	Trend, Home	2004/20
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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.				- 01 Dantiii		
1. NAME OF I (Type or Print)					2. DATE OF	
	WILLIAM	H. E	LLIS		DEATH 7/6	/50
3. PLACE OF I	DEATH: City, Maryland			4. USUAL RESIDENCE () A. STATE	Where deceased lived. B. COUNTY	If institution : residence before admission)
B. FULL NAME		al or instituti	on, give street address or	MD	B. CODIVI I	berore administrary
HOSPITAL OR			location)	C. CITY OR TOWN (II	outside corporate Un	Ats, write RURAL and give
INSTITUTION	PROVIDENT	HUSPI	TAL	BALTIMORE	14	township)
			Yrs.	D. STREET ADDRESS (If	rural, give location)	
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c. Length of S 5. SEX	stay in Baltimore	50y	, MARRIED,	1601 MADISO	N AV	Breat the state of
J. JLX	O.COLOR OR RACE		ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	onths Days Hours Min.
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IOA. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
CHAUFFEI		MACHT	MERV	RICHMOND. VA		TT C A
13. FATHER'S		MACILL		14. MOTHER'S MAIDEN N	AME	U.S.A.
	LIS	SODOFO:	10.000111	ELIZA		
Yes, no or unknown	FD EVER IN U, S. ARMED (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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injury or	r complication which	aused death) DUE TO			
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			(B) Lere	back them	PRRhage	- 1 Gay 5
	S OR CONDITIONS, I		G .			
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=	11		(C) 77 pen7	en in the	18461 J131	276
OTHER	SIGNIFICANT COND	TIONS CON	-			
	IG TO THE DEATH, BUT DISEASE OR CONDITION					
			FINDINGS OF OPER	ATION		20. AUTOPSY?
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decement of	dive on 7/6	10.5 h	decensed from	red at3; 30Pm., from t		
23A. SIGNA		, 1900.		3B. ADDRESS	ne canses and on	23c. DATE SIGNED
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Oda (BURIA)	CDENAL 24D DATE	nanj	M. D. &		OCATION (City, tow	
24A. BURIAL, TION, REMOVAL (Specify) 24B. DATE		4C. NAME OF CEMETE			n, or country) / (istate)
BURTAL	7/10/	50	MT. AUBURN	BAL	TO. MD	
DATE RECEIVE				25. FUNERAL DIRECTOR	/	ADDRESS
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В	3 B. C. 50 - 135-71 BALTIMORE CITY HEALT		Registered No.	6043
(T		USUAL RESIDENCE (Where		
B. H	FULL NAME OF (If not in hospital or institution, give street address or	CITY OR TOWN (If outsig	B. COUNTY	before admission) e RURAL and give township
1	Length of stay in Baltimore Life Yrs. Mos. Days	DATE OF BIRTH 19.A	give location) AGE (In years of Under last birthday) Months;	
1C worl	nale While Infant 7	BIRTHPLACE (State or foreign	country) 12. C	HOURS MIN.
15	5. WAS DECEASED OVER IN U. S. ARRED FORCES? 16. SOCIAL 17	Ruth V. Jets	4	
(Ye	a, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ellip . self		SS LESON ST HTERVAL BETWEEN NSET AND DEATH
	DÍSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	anial hemourhay	L	
FICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	hurity		
CERTIF	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO	N		YES NO
MEDIC	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH	INJURY OCCUR?	Baltimore City, give ex	xact location)
7	F INJURY WHILE AT NOT WHILE	21F. HOW DID INJURY OCC	CUR?	FIRE
	m. WORK AT WORK			
	deceased alive on 1950, and that death occurred 23A. SIGNATURE 23B. A	at /2 = m., from the ca	ulses and on the da	t I last saw the
24 TIO	22. I hereby certify that I attended the deceased from deceased alive on 1950, and that death occurred 23A. SIGNATURE 23B. A BURIAL CREMA! 24B. DATE 24C. NAME OF CEMETERY OF THE PROPERTY OF	at /2 m., from the care ADDRESS HOLLS ROPLING M.	ulses and on the da	te stated above.
TIC	22. I hereby certify that I attended the deceased from deceased alive on 1950, and that death occurred 23A. SIGNATURE 23B. A BURIAL CREMA 24B. DATE 24C. NAME OF CEMETERY OF SURVEY 10, 1950 Hen Naven	at /2 m., from the care ADDRESS HOLLS ROPLING M.	USPITE 2330 TION (City, town, or cou	te stated above.

The wind The Street of the State of the S. Harris S. A. Ha Liberal Land - March

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50 6044

NAME OF DECEASED (YPE OF Print) CLAUDIE:
PLACE OF DEATH:
Baltimore City, Maryland

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 6044

(Ï	ype or Print)	CLAUDIE E	RNEST			OF July	9, 19	50
	PLACE OF D	EATH: City, Maryland	TA III		4. USUAL RESIDENCE (W			residence re admission)
В.	FULL NAME OSPITAL OR	OF (If not in hospit		ion, give street address or location)	MO.			
IN	ISTITUTION	US Marine Pk. Drive & 3		a L location)	c. CITY OR TOWN (If Baltimor	outside corporate limits,	write RUR	township)
50	Length of s	tay in Baltimore	?	Yrs. Mos. Days	D. STREET ADDRESS (If 100 W. 28th			
5.	SEX F	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. ED. DIVORCED (Specify) Married	8. DATE OF BIRTH 12/13/04	9. AGE (In years last birthday) Mon	Under 1 Year oths Days I	Il Under 24 Hours Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired) Housewife	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZE WHAT	N OF COUNTRY?
13	Joseph	n Dickson			14. MOTHER'S MAIDEN NA Estella Bais			
15 (Ye	. WAS DECEASI	ED EVER IN U.S. ARMEI (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Records- US Me		DRESS L, Balt	o,Md.
	18. 44	13 X .		CAUSE	OF DEATH			AL BETWEEN
	(This does heart failt	SE OR CONDITION LEADING TO DEA s not mean the mode are, asthenia, etc. It mes complication which	TH of dying, e. g ans the diseas	e, (A)	ENSIVE CARDIOVASO	ULAR DISEASE	Unk	anown
		ANTECEDENT CAUS						
RTIFICATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L	STATING TH					
FIC				_(C)				
CERT	TRIBUTING	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D				
7				FINDINGS OF OPER	ATION		20. AL	UTOPSY?
DICA	21A. ACCIDE	ENT, SUICIDE,	1 218. PLA	CE OF INJURY (e. g., io	or 21c. WHERE DID (I	f in Baltimore City, gi	YES L	No K
MED	HOMICIDE	(Specify)	about home, f	arm, fectory, street, office bldg., e	tc.) INJURY OCCUR?			
-	21D. TIME INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE				
	22. I hereb	y certify that I att	ended the		uly 9 19 50, to Ju red at 2:30 Pm., from the	ly 9, 19 <u>50</u> ,	, that I la	st saw the
	deceased a		, 19 1 V	and that death occur	red at m., from the 3B. ADDRESS	he causes and on the		ted above.
		X// Th / /		rector M. D.	US Marine Hosp		d. 7/	10/50
Z. TI	4A. BURIAL. (S ON, REMOVAL (S	7-12-		edan H	U Can Su	ocation (City, town, o	or county)	(State)
D	ATE RECEIVE	D BY REGISTRAR		illiance, Mat	25. FUNDRAL DIRECTOR	an Lu	ADDRESS	ns Ca
U	VS 150	A Brandon	- 15-47 (A)	C	1300-481 Masking	M.Ele	9	3)

TABLE TO SYNOLETTES

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6045

Registered No.____

C. Length of stay in Baltimore C. Length of stay in Baltimore C. Length of stay in Baltimore SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Widower 10. USUAL OCCUPION (Givekindot) Eng. Dept. New Amsterdam Casuality Co. 13. FATHER'S NAME Lewis 0. Meyls 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. 212-07-03 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ON ANTECEDENT CAUSES ANTECEDENT CAUSES CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES CAUSE OF DEATH ANTECEDENT CAUSES CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES CAUSE OF DEATH ANTECEDENT CAUSES CAUSE OF DEATH ANTECEDENT CAUSES	and given with the working with the work
3. PLACE OF DEATH: a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) 12 Beechdale Road Yrs. Mos. Days 6. COLOR OR RACE 7. SINGLE. MARRIED. Widower Nale White Widower 10. SUNAL OCCUPATION (Give kindof) 10. STREET ADDRESS (If rural, give location) 10. STREET ADDRESS (If rural, give locatio	and given with the working with the work
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or hospital. OR INSTITUTION 12 Beechdale Road 12 Beechdale Road 13 FATHER'S NAME Lewis O. Meyls 15. WAS DECASED EVER IN U. S. ARMED FORCES! (Yes, no or unknown) NO 18. FULL NAME OF (If not in hospital or institution, give street address or location) 19. ASTATE Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL. or Baltimore D. STREET ADDRESS (If rural, give location) 636 Colorado Avenue 8. DATE OF BIRTH 9. AGE (In years If Under I view If Under I vi	and given with the working with the work
B. FULL NAME OF HOSPITAL OR INSTITUTION 12 Beechdale Road 12 Beechdale Road 13 STREET ADDRESS (If rural, give location) 14 Beechdale Road 15 Yes. 16 COLOR OR RACE 16 COLOR OR RACE 16 COLOR OR RACE 17 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower 10 A. USUAL OCCUPATION (Give kind of rore) Maryland 18 FATHER'S NAME Lewis O. Meyls 19 Meyls 10 Meyls 10 Meyls 10 Meyls 10 Meyls 11 Birthplace (State or foreign country) No No 10 Meyls 10 Meyls 11 Birthplace (State or foreign country) No No 212-07-03111 CAUSE OF DEATH OCCUPATION DIRECTLY LEGOING TO DEATH (If yes, give war or dates of service) ANTECEDENT CAUSES Maryland C. CITY OR TOWN (If outside conforated limits, write RURAL is to the conformation of the co	and given whip or 24 Hours Min.
12 Beechdale Road 12 Beechdale Road 13 FATHER'S NAME Lewis O. Meyls 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 19. CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH ONSET AND ANTECEDENT CAUSES CAUSE OF DEATH ANTECEDENT CAUSES CAUSE OF DEATH ANTECEDENT CAUSES	or 24 Hours FOR THE PROPERTY OF THE PROPERTY
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE Widower Male White Widower Monor	Dad
C. Length of stay in Baltimore 65 years Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White White Widower 10A. USUAL OCCUPATION (Givekindof) Eng. Dept. New Amsterplam Casuality Co. Bindustry Eng. Dept. New Amsterplam Casuality Co. Maryland 14. MOTHER'S MAIDEN NAME Lewis O. Meyls 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (Yee, no or unknown) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES 16. DATE OF BIRTH 9. AGE (In years libited) 18. DATE OF BIRTH 9. AGE (In years libited) 9. AGE (In years libited) 18. DATE OF BIRTH 9. AGE (In years libited) 18. DATE OF BIRTH 9. AGE (In years libited) 18. DATE OF BIRTH 9. AGE (In years libited) No Months Days Hour April 5, 1874 76 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OWNHAT COUNTY WHAT COUNTY WHAT COUNTY WHAT COUNTY WHAT COUNTY WHAT COUNTY ADDRESS George A. Meyls, Jr. 12 Beechdale Ro CAUSE OF DEATH ONSET AND INTERVAL BY ONSET AND ANTECEDENT CAUSES	Dad
Male White Widower 10. Single, Married Widower 10. Specify Widower 10. USUAL OCCUPATION (Givekind of order done during most of working life, even if retired) Eng. Dept. New Amsterdam Casualty Co. 13. FATHER'S NAME Lewis O. Meyls 15. Was Deceased ever in U. S. Armed Forces? (Yee, no or unknown) (If yee, give war or dates of service) No. (If yee, give war or dates of service) (If yee, give war or dates of service) (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) Antecedent Causes 7. SINGLE, MARRIED. (Specify) (Specify) (Popeling) (Specify) (No. No. No. No. No. No. No. No. No. No.	Dad
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13. FATHER'S NAME Lewis O. Meyls 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 212-07-03111 George A. Meyls, Jr. 12 Beechdale Ro 18. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES	ETWEEN
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deceased alive on 1950, and that death occurred at 600 A.m., from the cluses and on the date stated 23A. SIGNATURE 23B. ADDRESS 23C. DATE SI	
Mason # 242 901 Jacks Delin	above
	above
240. NAME OF CEMETERT OF CREMATORY 240. LOCATION (City, toward county)	above
TION, REMOVAL (Specify)	above
Burial July 11, 1950 Druid Ridge Pikesville, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 125, FUNERAL DIRECTOR ADDRESS	above
Burial July 11, 1950 Druid Ridge Pikesville, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	above IGNED - 32 (State)
Burial July 11, 1950 Druid Ridge Pikesville, Maryland DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR Burgee Funeral Home 3631 Falls Road	above IGNED - 32 (State)
Burial July 11, 1950 Druid Ridge Pikesville, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	above IGNED - 32 (State)

AND REAL PROPERTY. The transfer of the transfer of the transfer of the

€-524 50 6046 BIRTH NO.

1. NAME OF DECEASED

CERTIFICATE OF DEATH

50 6046 egistered No.

2. DATE

B. FULL NAME OF HOSPITALON 51 W. 28th Street 51 W. 28th Street C. Length of stay in Baltimore Life Mos. Days 5. SEX S. COLOR OR RACE 7. SINGLE MARRIED. WIDOVED DIVORCED (Specify) Male White Married 10A. USUAL OCCUPATION (Give kinded) Corkran - Hill Co. Married Corkran - Hill Co. Married Corkran - Hill Co. Married Distribution (If year instinct) (
B. FULL NAME OF HOSPITAL ON 10 institution, give street address of location) 11 W. 28th Street Solvent Street Solvent Street Maryland C. CITY OR TOWN (If outside corporate limits, write RUI Baltimore) S. SEX G. COLOR OR RAGE TO SINGLE MARRIED. S. SEX G. COLOR OR RAGE TO SINGLE MARRIED. White Married Solvent Institution of the Married Solvent	residence
C. CITY OR TOWN (If outside corporate limits, write RUI	e admission)
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12233 NID HT 1046/10	E SIGNED
	150
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)
Burial July 11, 1950 Woodlawn Baltimore Co. Maryland	
DATE RECEIVED BY I REGISTRAR'S SIGNATURE 1.25. FUNERAL DIRECTOR ADDRESS	
Burgee Funeral Home 3631 Falls R	
JULYS 150 Hunting or Mulante, Man 100 100 100 100 100 100 100 100 100 10	her
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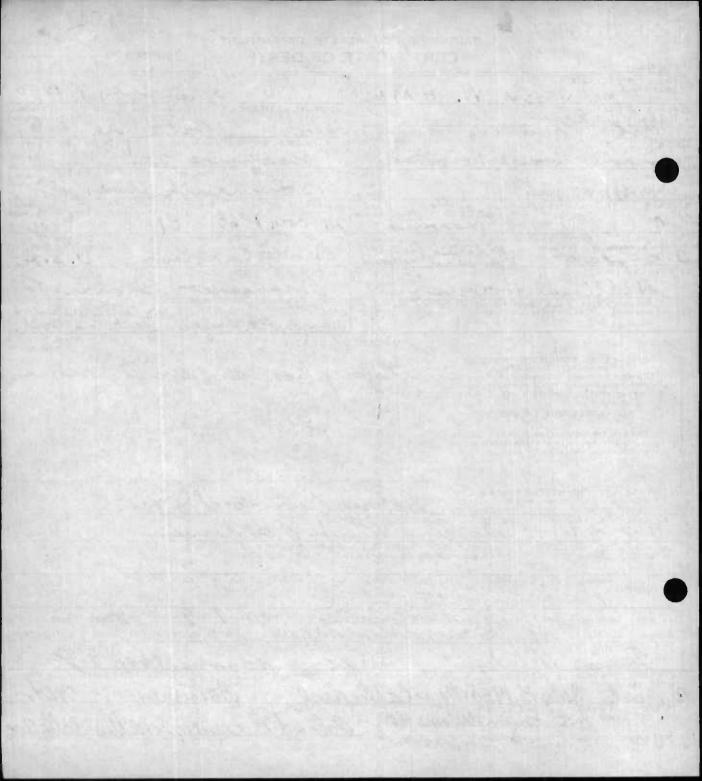
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BALTIMORE CITY HEALTH DEPARTMENT

50	6047	
Domintonal	No	

BIRTH NO. CERTIFICAT	E OF DEATH Registered	No.
1. NAME OF DECEASED (Type or Print) MR. JESSE W. HAYES	2. DATE OF DEATH	ey 9, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If	f institution : residence before admission)
HOSPITAL OR INSTITUTION Memorial Hospital		ts, write RURAL and give township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 73 Ourslack a	ve, 5:00
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		Il Under 1 Year H Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of or or kind of or or kind of or or kind of or	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME William Hayes	14. MOTHER'S MAIDEN NAME Worgaret Bre	ruri
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 73.DA	DDREES Of ave.
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19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	mar of obdonum -	20. AUTOPSY7
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B LACE OF INJURY (e.g., about home, farm, factory, atreet, office bldg.		give exact location)
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22. I hereby certify that I attended the deceased from deceased alive on 2-9, 1950 and that death occur	-26, 1957 to 7-9, 195 urred at 1: 10 Pm., from the causes and on t	That I last saw the
Prancis L. Wan M.D.	238. ADDRESS Weserred Nos	7-8 SIGNED
24A. BURIAL, CREMA- TION REMOVAL (Specify) July 12, 1950 Mory Cattle	edial Baltimore	(State)
DATE RECEIVED BY REGISTRAN'S SIGNATURE	Roland L. Fisher, 21124	Bundalle aus
L 1 0.1850		555



7-10-50 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Mary Par HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 10100 huse Days 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8, DATE OF BIRTH 9. AGE (In years | Munder | Year last birthday) | Months: Days Hours Min. White Female Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Houselless 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John R. Fairbanks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? × aura 16. SOCIAL 17, INFORMANT. (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH 001 Y ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LA Culeres ochatic Apriterine Carde Garden LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES Tubucilis Galmany fulstion DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Rupture Lover thud Esophagues 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES NO EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE _, 1950, to 7/8 22. I hereby certify that I attended the deceased from 7/8 ___, 1950 that I last saw the 1950, and that death occurred at 6:20 4m., from the causes and on the date stated above. deceased alive on 718 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Mark 24A. BURIAL, CREMA-TIDN, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Buris. July 11,1950 Loudon Park Cemeterv Baltimore. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS 1510 Liberty VS 150

Reguest the doctor to rearrange the order of the causes as of refred on the mederal tertification so to make clear Aus openion of the underlying course of death. underlying or cise prob. rupture of exopleagues controlled at time of death tuberculous: other significant pathology: bad cardiac disease. Dec Domment File 50-6149

50 6049 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) CALVIN CHARLES PARKES OF DEATH July 8, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or US Marine Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore township) Wyman Pk. Drive & 31st St. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 5306 York Road c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH II Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. 3/17/89 Married IOA. USUAL OCCUPATION (Givekind of II. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired tool maker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Records- US Marine Hospital, Balto, Md. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., chronic with sportaneous wak heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED oronary Acterosis severe and myocarlio TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION infaretras 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE! WHILE ATT WORK 22. I hereby certify that I attended the deceased from July 2 , 19 50 to July 8 , 19 50, that I last saw the deceased alive on July 8 19 50 and that death occurred at 4:05Am., from the causes and on the date stated above. 23c. DATE SIGNED US Marine Hospital, Balto, Md. 7/8/50 CREMA- 1248. DAT 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Bural DATE RECEIVED BY REGIS 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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 M-450 50 6050 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

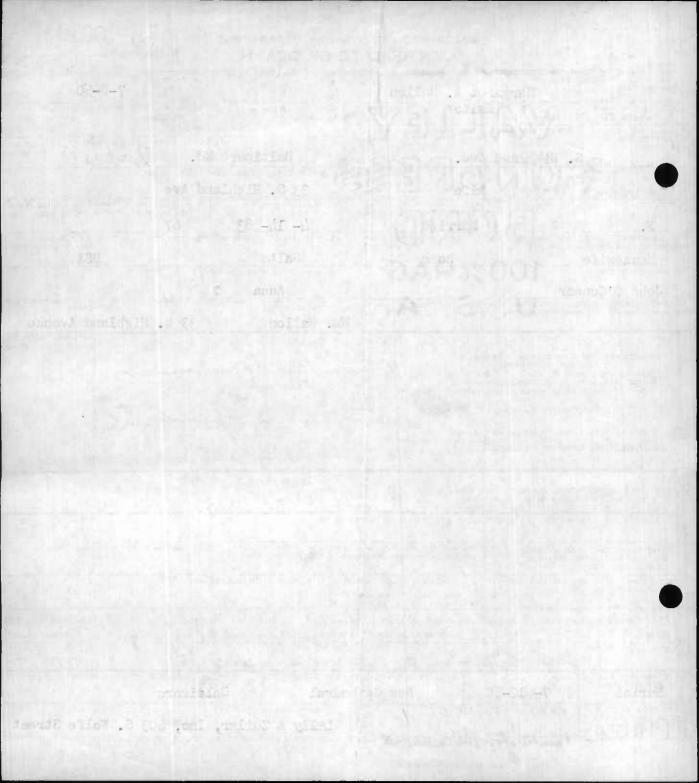
50 6050

В	IRTH NO.	00 6000		CERTIFICAT	E OF DEAT	H Registere	ed No.
I. (T)	NAME OF D 'ype or Print)		garet A	. Mallon		2. DATE OF DEATH	7-8-50
A.		City, Maryland	Balto		A. STATE	NCE (Where deceased lived	
H	FULL NAME OSPITAL OR ISTITUTION	33 S. Highla		cion, give street address of location	c. CITY OR TOWN	more Md. 2	limits, write RURAL and give township
C.	Length of s	tay in Baltimore	Life	Yrs. Mos. Days		iss (If rural, give location	1)
5.	SEX	6. COLOR OR RACE	MIDON	E. MARRIED. VED, DIVORCED (Specify	1 -1	last birthday)	Months Days Hours Min.
10	F.	l W		rried	4-14-		
WOL	k done during most of	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR		state or foreign country)	12. CITIZEN OF WHAT COUNTRY
	House			home	Balto		USA
13	FATHER'S	NAME	E3. V4-		14. MOTHER'S MA	IDEN NAME	
	John O	'Connor			Anna	?	
15	. WAS DECEASE	ED EVER IN U. S. ARMET	FORCES?	I 16. SOCIAL		•	
(Ye	s, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT	20 0 111	ADDRESS
					Wm. Mallon	33 S. Hi	ghland Avenue
CERTIFICATION	DISEASES	are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA	auscd death ES ANY, GIVIN STATING TI	oue to	Misease	generalize	A.
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					voi.	
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
¥		0					YES NO
MEDICAL							ty, give exact location)
~	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	INJURY WHILE AT NOT WHILE						
-			m.	WORK AT WORK	1 10 1/1	1.000	0.000
		22. I hereby certify that I attended the deceased from 1942, to July 7, , 1950, that I last saw the					
	deceased alive on 2-8-50, 19 and that death occurred at 1:30 p.m., from the causes and on the date stated about						
	23A. SIGNA	TURE LA	do.	tini, M.O.	23B. ADDRESS	10. Sd	23c. DATE SIGNED
_	A. BUSIA	answer 2	· · · · · · · · · · · · · · · · · · ·	, , , , , ,	234 2 Cm	ung .	1-10-57
TIC	Burial	CREMA: 24B. DATE Specify: 7- 12		New Cath		Baltimore	own, or county) (State)
	ATE RECEIVE		SSIGNATU	JRE	25. FUNERAL DIR	ECTOR	ADDRESS

The same of the sa

VS 150

93)



A. Baltimore City, Maryland

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life even if retired)
Transfer Bus.

1. NAME OF DECEASED

3. PLACE OF DEATH:

B. FULL NAME OF

13. FATHER'S NAME

18.

(Type or Print)

HOSPITAL OR

INSTITUTION

50 6051 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE Edmard 1. Tully 7-8-50 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN 623 S. Milton Ave. township) Baltimore, M.

D. STREET ADDRESS (If rural, give location)
623 S. Milton Ave Yrs. Mos. Davs 7. SINGLE. MARRIED, WIDOWED DIVORCED (Specify) Married 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours Min. 12-18-80 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT GOUNTRY Self Md. 14. MOTHER'S MAIDEN NAME Antiomette Bandzwolek 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or delea of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Catherine Tully- 623 S. Milton Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)

6. COLOR OR RACE

Joseph Tully

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDERabout home, form, factory, street, office bldg., etc.) LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

WHILE AT NOT WHILE!

WORK

1948 19 to 22. I hereby certify that I attended the deceased from.

deceased alive on June 5, 1950, and that death occurred at 9.05 A.m., from the causes and on the date stated above.

24C, NAME OF CEMETERY OR CREMATORY

7-10-50 24D. LOCATION (City, town, or county)

8 . 1950 that I last saw the

DATE RECEIVED BY

24A. BURIAL, CREMA-

St. Stanislaus

Baltimore, Md.

ADDRESS

23c. DATE SIGNED

LOCAL REGISTRAR

25. FUNERAL DIRECTOR Lilly & Zeiler, Inc 403 S. Wolfe Street

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

CAUSE OF DEATH

INJURY

29052 11

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	Service Section of the second	top In a. The	D . C . C . C . C . C . C . C . C . C .
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	Committee and the contract of		THE Common to the
with hoffers	. Page of English through the T		

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6052

	ATE OF June 28, 50
3. PLACE OF DEATH: a. Baltimore City, Maryland 4. USUAL RESIDENCE (Where de A. STATE	ceased lived. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ORBALL MORPH (If outside)	
HOSPITAL OR Baltimore City Hospitals location C. CITY OR TOWN (If outside Baltimore	corporate limits, write RURAL and give township)
Yrs. D. STREET ADDRESS (If rural, g	ive location)
c. Length of stay in Baltimore Life Mos. Days 1030 Sterling St 2	2 2
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AG 1 1 1 1 1 1 1 1 1	E (in years f Under Year f Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	ountry) I2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
William, Toodle Margaret, Ann Gorde	on
15. WAS DECEASED EVER IN U. S. ARMED FORCES? I6. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
Records B.C.H. 4940	Eastern Ave.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT	
198. MAJOR FINDINGS OF OPERATION	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING INJURY OCCUR?	altimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCU	JR?
22. I hereby certify that I attended the deceased from -26, to 6-28	, 19 50 that I last saw the
deceased alive on 6-28-50, 19 and that death occurred at 3:10 pmfrom the cause	
23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION	July 5, 1950
TION, REMOVAL (Specify)	itern Ave
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
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The state of the state of NAME OF TAXABLE PARTY. LOUR THOUGHT BOOK IN LIKE THOUGHT A THE TEST and and the last terms of the last terms and the last terms and the last terms and the last terms are the last terms and the last terms are the la

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF Emma T. Mever DEATH July 8. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland 2840 Cold Spring B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 2840 Cold Spring Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION townshin) 2840 Cold Spring Lane. Baltimore, Md.

D. STREET ADDRESS (If rural, give location) Yrs. 6 months Mos. 18 days 2840 W. Cold Spring Lane. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | Munder | Year | Munder 24 Hours | Months | Days | Hours | Min. 8. DATE OF BIRTH Female White Widowed Nov. 251871 IOA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY House wife New York none U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Capes Mary Crandall 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 2840DRESS SECURITY NO. No. None Mrs. Ida Herman. Cold Spring La INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAPSING IT. 19A. DATE OF PERATION 198. MALOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 11c. WHEAP DID about home, farm, factory, street, office tidg., etc.) //NJURY OCCUR? (If in Baltimore City, give exact location) HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY 190 that I last saw the 22. I hereby certify that I allended the deceased from. 19 / deceased alive on YAUY 1 19 30 and that death occurred at 2 0.m., from the burges and on the date stated above 23A, SIGNATURE 24C MAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

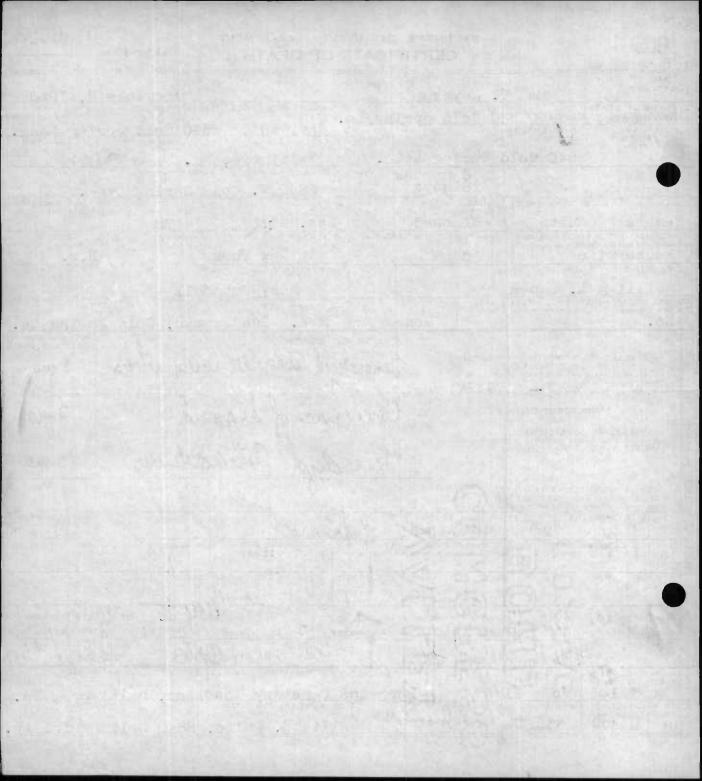
24b. LOCATION (City, town or county)

July 11/50 Lorraine Cemetery Woodlawn. Baltimore, REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

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White. 2840 Cold Spring La.

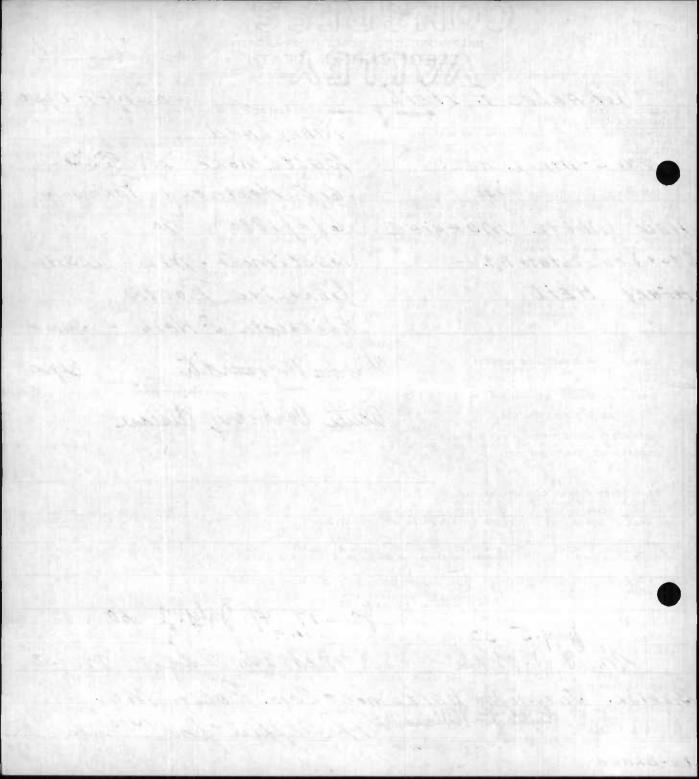
DATE RECEIVED BY



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered 50 6054

BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No.	000.1
1. NAME OF DECRASED (Type or Print) ORARLES F.	HEIL		2. DATE OF DEATH OLD /1/-	7-1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI		ution: residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION	on, give street address or location)	c. CITY OR TOWN (If o	utside corporate limits, wr	
7 22. S- Athol. Aus		BallinioR		615 township)
c. Length of stay in Baltimore Life	Yrs. Mos. Days	612. North	CRN Jak	Kulner
5. SEX 6. COLOR OR RACE 7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	
	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
INS + Real Estate Agt		14. MOTHER'S MAIDEN NA	- Nid.	11519.
HENRY HEIL		Capaline	Pasthi	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknowo) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
		Chizabeth V	- Heil -	Same
18. 420.1	CAUSE	OF DEATH		NTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.	Chr	mic Myrcara	lelso	34po
heart failure, asthenia, etc. It means the disease injury or complication which caused death	,			
ANTECEDENT CAUSES		te Caronary	disease	
	(B)	ac munary	MELASE	
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	E DUE TO			
O L				
OTHER SIGNIFICANT CONDITIONS CON	(C)			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	D			
19A DATE OF OPERATION 1 198 MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
About home, fa	CE OF INJURY (e. g., in rm, factory, street, office bldg., e		in Baltimore City, give	exact location)
NJURY	1E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the	deceased from	u. 17, 1947, to In	ly. 7. 1950th	at I last saw the
deceased alive on gruy. 3, 1950.	nd that death occur			
23A. SIGNATURE . A. BUR	M. D.	Med. arts 1:	3lda. 19	10-50
TION REMOVAL (Specify)	4c. NAME OF CEMETE	RY DR CREMATORY 240. LO	CATION (City, town, or ec	ounty) (State)
DATE RECEIVED BY REGISTRAD SIGNAT	Jalta mon	ec Com. /Jac	. Co. /V/ C	DRESS
LOCAL REGISTOSTO	Mianes, Hor	19. Depleat	8m 1300	Hay RE
VS 150	A STATE OF MANY		9:	2) 1)
DN-BLake	450	13	/-	/



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50 6055	BALTIMORE CITY HE CERTIFICATI		Registered No.	6055
1. NAME OF DECEASED (Type or Print)	on M. Bows	N	2. DATE OF DEATH VIE /V -	9-1958
3. PLACE OF DEATH: A. Baltimore City, Maryland	7.7.70002	4. USUAL RESIDENCE (W)		itution : residence before admission)
B. FULL NAME OF (If not in ho HOSPITAL OR	spital or institution, give street address or location)	IVIARYLAN	outside eorporate limits, wr	rite RURAL and give
136 KINSO	· AUE	BALTIMOR	0 20-0	township)
	Yrs. Mos.	0 -1 71	ural, give location)	-
5. SEX 6. COLOR OR RA		8. DATE OF BIRTH	9. AGE (In years) If Under	1 1 Year II Limiter 24 Hours
Male white	WIDOWED, DIVORCED (Specify)	A405-1867	last birthday) Months	
IOA. USUAL OCCUPATION (Give kin ork done during most of working the even if reti	adof 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State of for	eign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	W DVO. R.R.	MARYLAN		LLSA.
Ban T.	7	8	ME	
15. WAS DECEASED EVER IN U. S. AR		17. INFORMANT	ADDR	RESS
Yes, no or unknown) (If yes, give war or	dates of service) SECURITY NO.	EdNA S. W.	OWEN -	Same
DISEASE OR CONDITION LEADING TO DE (This does not mean the mon the month of the m	ON DIRECTLY DEATH de of dying, e.g., means the disease,	ronary Thin	ntous	May 1.50
ANTECEDENT C		1 4 81	P. p.	0 44 3
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE OUE TO	www.jujin	nus	240
11	(C)			
OTHER SIGNIFICANT CO	BUT NOT RELATED		for the last	
19a. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Baltimore City, give	
NJURY (Month) (Day) (Y	WHILE AT NOT WHILE			
22. I hereby certify that I	attended the deceased from	7 1/	uly 8 1950	hat I last saw the
deceased alive on July	1 19 5 and that death occur	rrela at 10/08m., from the	re carses and on the o	late stated above.
23A. SIGNATURE	Me a ken	2145 W 19	Who Let 2	3c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DAT	E 24c. NAME OF CEMETE	RY OR CREMATORY 240-LC	CATION (City, town, or o	(State)
JURIAL. VULY-	11/50 Loudon 1	TORK DA	Lto. Md	1
LOCAL REGISTIONAR	AR'S SIGNATURE	25 EUNERAL DIRECTOR	4.6.	DDRESS
JULITION		. 10. Hippin	- Does	WIPL 17
B. Calu	Service Seminary Management of		1000 000	3/2

Service Park ASSESSED FOR CALCANDA SERVICE AND and the many separate Service Contraction (Assets) Service Transfer Carre S. Waster continued production 53115 100 Carried My practice are shown you should not show the The the war a second with the the file of

BALTIMORE CITY HEALTH DEPARTMENT 6056 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution: residence A Baltimore City, Maryland A STATE B. COUNTY before admission) a. FULL NAME OF "I not in hospital or institution, give street address or HOSPITAL OR C. CITY OR (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) D. STREET ADDRESS Mos. igth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 9. AGE, (In years If Under I Year If Under 24 Hours last biethday) Months: Days Hours: Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED DIVORCED (Specify) 85 Widowal 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY House us Rugar 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNRuou 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO. - Sau Huber NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?

218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS FRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

OF INJURY AT WORK WORK

2. I certify that I took charge of the remains described above, held an

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes 📑, accident 🖂, suicide 🖂, homicide 🗀, undetermined 🗀. 23A. SIGNATURE

21F. HOW DID INJURY OCCUR?

238 CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER

23c. DATE SIGNED

thereon and from

township)

MEDICAL INVESTIGATOR BURIA CREMA 248 DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town or county) TION REMOVAL (Specify

DATE RECEIVED BY REGISTRAR'S SIGNATU LOCAL REGISTRAR

ful Asaus

ADDRESS

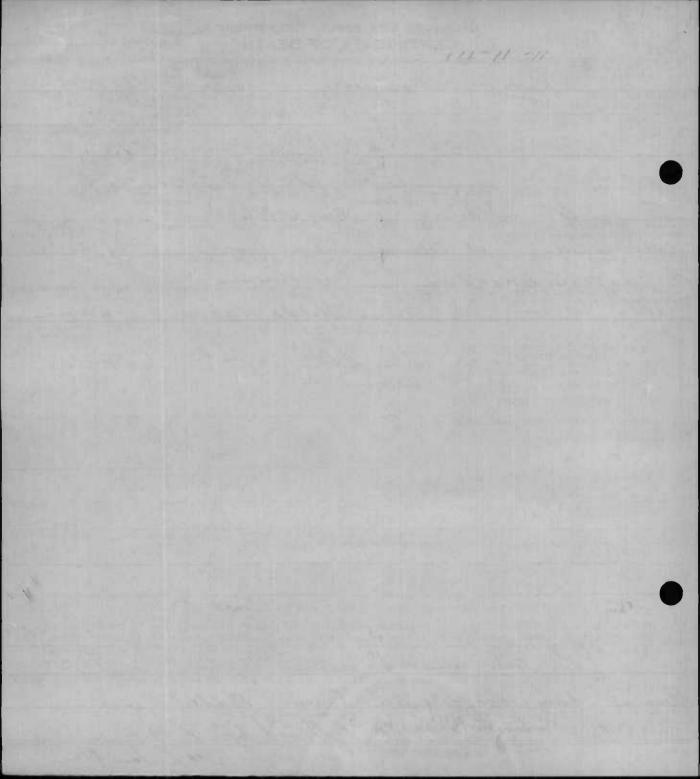
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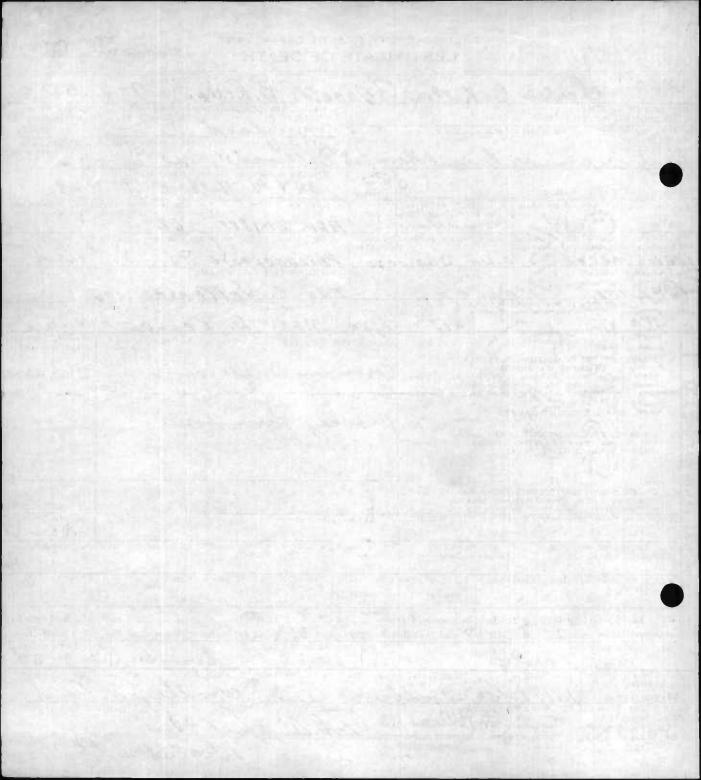
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(If in Baltimore City, give exact location)



+	00						
ВІ	50 RTH NO.	6057			OF DEATH	Registered No.	0 6057
	NAME OF D	Charles	B. Kelle	"(Ch	neles B. Kel	2. DATE OF 7-8	-50
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (TA. STATE		titution: residence before admission)
H	FULL NAME	OF (If not in hosp	ital or institution, give	street address or location)	C. CITY OR TOWN (II	f outside corporate limits, v	vrite RURAL and give
6	STITUTION	Bellinor	& General	Kospilal	Balkomore	ms. 20.	-07 township)
4	Length of s	stay in Baltimore		Yrs. Mos. Bays	344 N. N	rural, give location)	# 29.
-	SEX	6. COLOR OR RACE	7. SINGLE, MARE WIDOWED, DIV	RIED.	8. DATE OF BIRTH		ler I Year It Under 24 Hours ns: Days Hours; Min.
10	A USUAL OC	CUPATION (Give kind	of 108. KIND OF BU		APR. 21-1888 1V. BIRTHPLACE (State or f	62	2. CITIZEN OF
worl	done during most	of working life, even if retire	3)	INDUSTRY	m/ />	D	WHAT COUNTRY?
13	FATHER'S	NAME	DLUN DU	SINCSS	14. MOTHER'S MAIDEN N	IAME	000
15		ARA K ED EVER IN U. S. ARM	eller		Ida C. Ver	Yeries	
(Ye	i, no or upknown)	(If yee, give war or da	tes of service) SE	CURITY NO.	17. INFORMANT	Pallan -	RESS
	18. 42	2./	~/0-	-	OF DEATH	REBRER	INTERVAL BETWEEN
	1	SE OR CONDITION		0	0 /	-	ONSET AND BEATH
	heart failt	s not mean the mode are, asthenia, etc. It m complication which	of dying, e.g., eans the disease,	(A) CALLED	rang enfar	chon	3100 23 min
	mjury or	ANTECEDENT CAL		E TO			
TION	DISEASE	S OR CONDITIONS		(B) Corre	ary thron	boses	
<	RISE TO	THE ABOVE CAUSE (A) STATING THE DL	JE TO			
IFIC		UM STATE		(C)			•
ERTIFIC		SIGNIFICANT CON					
U	TO THE E	OF OPERATION		NGS OF OPERA	ATION		20. AUTOPSY?
CAL							YES NO
EDICAL		ENT. SUICIDE. (Specify)	218. PLACE OF about home, farm, factor			If in Baltimore City, give	e exact location)
Σ	21b. TIME INJURY	(Month) (Day) (Yea	r) (Hour) 21E. IN.	JURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
E	JINSORY		m. WHILE AT	NOT WHILE			
			ttended the deceas		7 - 8 19 50 to		that I last saw the
	deceased a		, 19_50, and the		BB. ADDRESS	the causes and on the	date stated above.
		n.S. Da	ly	м. р.	west Balto.	Gen. 1xosp	7-8-50
710	A. BURIAL,	Specify)	2 4c. NA	ME OF CEMETER	Y OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
6	ATE RECEIVE	D BY REGISTRAL	S SIGNATURE.	Maure	25 EUNERAL DIRECTOR	A	DDRESS
	DCAL REGIST	1950 Thurst	inter Milian	MA CA	1. Weeken	1 How	
	VS 150	· byle.		MANAGE ALL	110	300 Entan	Re 17
			D 5 (2908	4 6 0 5 6		142



50	COTO
	6058
gistered No	

IMORE CITY	HEALTH	DEPARTMENT	00
CERTIFICA	ATE OF	DEATH	Registered No.

BIRTH NO. 50-115/2	CERTIFICATI	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print) Bab	y Burke		2. DATE OF DEATH June 1	2, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in bospite)	al or institution, give street address or	4. USUAL RESIDENCE (W A. STATE Maryland		
HOSPITAL OR INSTITUTION	okins Hospital		outside corporate limits, w	rite RURAL and give township
c. Length of stay in Baltimore	Yrs. Mos. Days	d. STREET ADDRESS (If r	ural, give location) ker Court	
5. SEX 6. COLOR OR RACE Negro	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Single	June 10, 1950	9. AGE (In years Munda last birthday) Months	Year If Under 24 Hours S Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Infant	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME William Burke		14. MOTHER'S MAIDEN NA Gwendoly	ME	
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or nnknown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Re	addr	RESS
LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of the complex of the comp	F ANY, GIVING STATING THE OUE TO	himin	ento lungo	
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DESEASE OR CONDITION	NOT RELATED CAUSING IT.			
7	98. MAJOR FINDINGS OF OPER		in Politicana Citas give	20. AUTOPSY?
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) INJURY	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	etc.) INJURY OCCUR?	in Baltimore City, give	exact location)
22. I hereby certify that I att deceased alive on June 12,	ended the deceased from June, 1950, and that death occur	red at 2:05Am., from th	ne 12, 1950 to	hat I last saw the late stated above
10 haules E. 210	wers & M. D.	38. ADDRESS 601 N. Broadway	J	une 12,1950
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240. LO	CATION (City, town, or e	county) (State)
DATE RECEIVED BY REGISTRAR'S	inter Milians H.Z	25. FUNERAL DIRECTOR √	AL	ODRESS

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6059 Registered No.

BIRTH NO.	
(Type or Print) MICHAEL MAR AL	IUS (KING) 2. DATE OF DEATH July 7 1950
Baltimore City, Maryland Baltimore	A. USUAL RESIDENCE (Where deceased) ved, If i stitution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital of institution, give street address of location	
Windson Rest home	Baltimore 13-04 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.	
Male (1) & WIDOWED, DIVORCED (Specify	Oct 15 1868 (In years I Under I tear I Under A Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KAND OF BUSINESS OR prk done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cashle 16 0:	ri et 11
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	E LIZ DI ANI UNAS 17. INFORMANT ADDRESS
(les, no or unknown) (li yes, give war or dates of service) SECURITY NO.	Victor King.
18. 4 72 / CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Le. T. C. Sin Farline Ida
(This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	ala laste 117
DISEASES OR CONDITIONS, IF ANY, GIVING	which administration
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	androws cular ornan my
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, atreet, office bldg	.etc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURI	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that kattended the deceased from deceased alive on 1912 and that death occur	red at 2 4 m., from the causes and on the date stated above,
23A. SIGNATURE	238. ADDRESS D23c. DATE SIGNED
246. BERIAL CREMA-1 24B. DATE 124C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	P. 10. P. 2. 0
THE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS .
JUI 1 1950 Auticator Villians, Mar	Joseph Kasinskas Ju 10 2 Wash
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No.... 6060

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ELETIL NIC	

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE
Sarah I Jacobs	DEATH 7/9/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) Baltimore
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
2702 Prospect St.	Baltimore / 6 - 0 6
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Life Days	2702 Prospect St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Year 11 Under 24 Hours Months; Days Hours; Min.
Female White Widowed	Mar. 27, 1872 78 5 5
10a. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife Home	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob F Ebaugh	Nancy S. Harris
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Ida E Fisher 2702 Prospect St
18. 472. 1 CAUSE (OF DEATH
DISEASE OR CONDITION DIRECTLY	1 1
(This does not mean the mode of dying, e.g.,	5 mg 76 mg 602/3
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
injury of complication which caused deathly 552 10	Market playing the complete the later than the complete t
ANTECEDENT CAUSES	moderatic a V duce
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	ATION 20. AUTOPSY?
	YES NO
21a. ACCIDENT. SUICIDE, 21b. PLACE OF INJURY (e. g., in hOMICIDE (Specify) about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	w.y majorr occorr
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
	1946 to Cly , 1950, that I last saw the
22. I hereby certify that I attended the deceased from Adeceased alive on 19, 19, 19, 2, and that death occur 23A. SIGNATURE 2	red at 5 2 2. m., from the causes and on the date stated above
23A. SIGNATURE 1 1 2	3B. ADDRESS 23c. DATE SIGNED
M. D.	1945 W 3-1/2 2/5/50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 7/12/50 Loudon Par	Baltimore Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REOIS 1950 Linetus for Villams, Max :	JOHN. T. STANSBUTY 2700 EDMONDSON
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			DALTI	MORE CITY	UCALTU DEDADTM	- 1.19	50 0004
	50	6061			HEALTH DEPARTME	Registere	50 6061
ВІ	RTH NO.			EXTITION	TE OF BEATH		
	NAME OF Dype or Print)		m A mm A D D	CADDE	CD	2. DATE OF T	-3 0 3050
	PLACE OF D	EATH:	TAFFORD	CARRE		CE (Where deceased lived	
_	Baltimore FULL NAME	City, Maryland	tal or institution	give street addres	A. STATE Maryland	B. COUNTY	before admission)
H	SPITAL OR			locati			mits, write RURAL and give
-		1527 Ralw	ortn Roa	ad	Baltimor	e 18	township)
1				Yr Mo		(If rural, give location)	
		stay in Baltimore		years Da	ys IDS/ Ral	Lworth Road	
	male	white	7. SINGLE. N	MARRIED, DIVORCED (Spec	Mar. 16. 1873	9. AGE (In years last binthday)	Months Days Hours Min.
worl	done during most	CUPATION (Give kind of of working life, even if retired		INDUST	11. BIRTHPLACE (Stat	te or foreign country)	12. CITIZEN OF
В	utcher-	-Storekeepe	r, Reti	red 10 Yi	s. Baltimor	ce County Md	. WHAT COUNTRY?
13	. FATHER'S				14. MOTHER'S MAID		
1.0		. Carre			Maude Alic	ce ?	
(Ye	n, no or unknown	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	6. SOCIAL SECURITY NO 216-05-8	60 Mrs. Thomas	B.Streett	(Daughter)
	18. 4H	3 X .		CAUS	E OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	0	. +00	8	2
	(This doe	s not mean the mode ure, asthenia, etc. It mes	of dying, e.g.,	(^)	herrica	morros	J my
		complication which		DUE TO		0	
		ANTECEDENT CAU	SES	hy	balana Co	rlio Vescul	1 561
N	DISEASE	S OR CONDITIONS,	IF ANY, GIVING	(в)		THO TOSCUE	of 2
Ē		THE ABOVE CAUSE (A)		DUE TO	Den		U
FICATION				(C)	a control	•••••••••••••••••••••••••••••••••••••••	
RTIF		11		1.3-7			
Ш	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATED				
O		OF OPERATION		INDINGS OF OR	PERATION		20. AUTOPSY?
AL		0					YES NO V
EDICA		DENT WAS UNDER- R CONTRIBUTING		OF INJURY (e. , factory, street, office bl		(If in Baltimore Cit	y, give exact location)
Σ		(Month) (Day) (Year) (Hour) 21s	. INJURY OCCU	RRED 21F HOW DID IN	JURY OCCUR?	
	INJURY			LE AT NOT WH			1-
	22 I linrol	by certify that I at		1	0	o Jul 8, 19	5, that I last saw the
	deceased a			d that death oc	V = 111	_	the date stated above.
	23A. SIGN				23B. ADDRESS	0.1	23c. DATE SIGNED
		July &	James	ev M.D.	2700 Nonfo	md Ild	- July 10 1950
TIC	N. REMOVAL	CREMA- 248 ATE	(2)	C. NAME OF CEME	TERY OR CREMATORY 2	4D. LOCATION (City, to	wn, or county (State)
	urial	Specify					
		Jul.11		arkwood (Cemetery. I	Baltimore Md	
	ATE RECEIVE	Jul.11 D BY REGISTRAR	SSIGNATURE	in 41	HENRY SANDE	ER & SONS. IN	ADDRESS
	TE RECEIVE	Jul.11 D BY REGISTRAR		in 41	HENRY SANDE	TOD	ADDRESS
	TE RECEIVE	Jul.11 D BY REGISTRAR	SSIGNATURE	in 41	HENRY SANDE	ER & SONS. IN	ADDRESS

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Claimed from Cur No 1.719/50. BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) Daniel Donohue July 4. 1950 OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION 4940 Eastern Avenue (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 1525 E. North Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | H Under 1 Year las irthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White Aug. 27, 1880 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland INKNOWN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bartha Frank Sam Donohue 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMA Baltimere City Hospitals SECURITY NO. none no 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Furulent Bronchitis And Broncho-Pneumonia. heart failure, asthenia, etc. It means the disease. Bilateral injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-Arteriosclerotic Heart Disease. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK 1942 to July 4 19 50 that I last saw the 22. I hereby certify that I attended the deceased from Nov. 30 .. 19-50, and that death occurred at 2:05 PM., from the causes and on the date stated above. deceased alive on July 4 23A. SIGNATURE 23C, DATE SIGNED 4940 Eastern Avenue 7-10-50 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24D. LOCATION (City, town, or county) Baltimore, Md. burial Baltimore Cemeterv DATE RECEIVED BY REGISTRAR'S SIGNATURE HENRY SANDERTO SONS, INC. ADDRESS LOCAL REGISTRAR Huntry Town / Yourself, Man Baltimore, Md.

Contract of the William Stranger

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BIRTH NO.

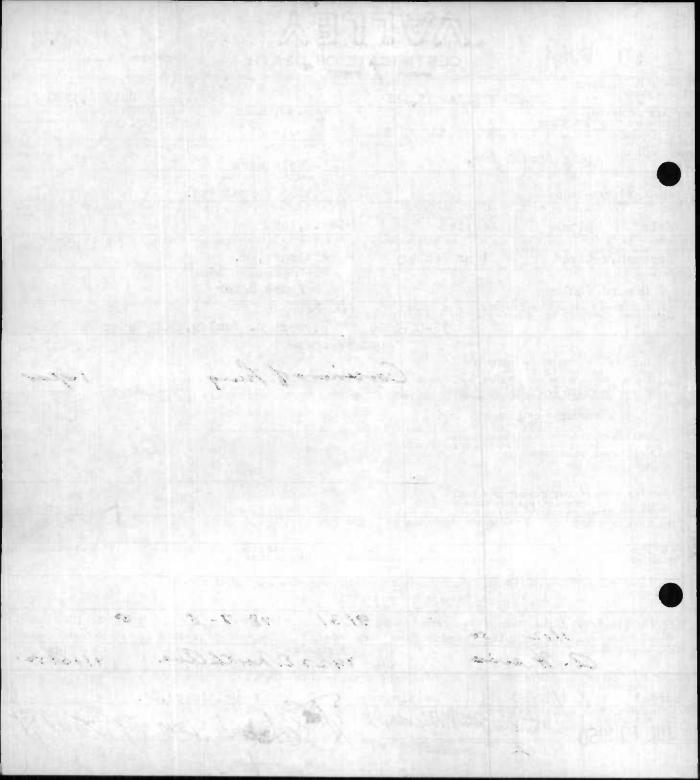
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6063 50

Registered No.

	(Type or Print) HOWARD WILLIAM TENLEY						OF OF	Tanler	0 1	050
0	PLACE OF D		KD MITT	IAM IDNLEI	4. USUAL RESIDE	FNCE (W)	DEATH	July	-	
	Baltimore City, Maryland				A. STATE		B. COUNT			ore admission)
	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or location)	I character to the second seco					
IN	ISTITUTION	1677 Norma	7 /	location)	C. CITY OR TOWN	(lf c	outside corporate	limits, w	rite RU	IRAL and give township)
1		1633 Norma	al was.		Baltim	ore	5	00		
			101-6	Yrs.	D. STREET ADDRE	ess (lfr	ural, give location	n)		
c.	Length of s	tay in Baltimore		Mos. Days	1633 No	rmal I	Ave.			
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	1	9. AGE (in year	e II Unde	r 1 Year	li Under 24 Hours
	Male	White	Marr	VED, DIVORCED (Specify)	Dec.1,1888		61	Month	Days	Hours Min.
10		CUPATION (Give kind of	-	O OF BUSINESS OR	11. BIRTHPLACE (S	State or for	reign country)	12	CITIZ	EN OF
OF	done during most	of working life, even if retired)		r Factory						T COUNTRY?
15		retired	0268	1 ractory						
13	FATHER'S				14. MOTHER'S MA	_	ME			
		rd Tenley			Agnes	Bauer				
15 V	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yee, give wer or date	FORCES?	16. SOCIAL	17. INFORMANT			ADDF	RESS	
10	No	(x) yee, give wer or dusc	H OI EOLYICO)	215-03-4230	Herbert A	. Ten	ley,8538 V	Vater	Onk	Ave.
	/									VAL BETWEEN
	18.	3X1		CAUSE	OF DEATH					T AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA				0				
	(This does	s not mean the mode of	of dying, e.	g., (A) CUTO	inme of	rung	7		1 -	year
	heart failt	ire, asthenia, etc. It mes complication which of	ans the diseas	oc,						
	,, 01	complication water	cauca deam	,					1	
		ANTECEDENT CAUS	SES							
6	DISFASE	S OR CONDITIONS, I	E ANY GIVE		***************************************		*******************		-	······· · ·
F	RISE TO 1	THE ABOVE CAUSE (A)	STATING T							
()	UNDERL	YING CONDITION LA	AST.							
CERTIFICATION				(C)						
7	OTHER	SIGNIFICANT COND	ITIONS CO	N -						
Ш	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	FD						
U		OF OPERATION 1		FINDINGS OF OPER	RATION				20.	AUTOPSY7
1	IOA. DATE C	SI GI EKATION O	oo, macon						YES	O NO O
Ü	214 ACCIDI	ENT, SUICIDE,	218 Pi	ACE OF INJURY (e. g.,	in or 21c. WHERE D	UD (If	in Baltimore C	ity, give		
EDICAL	HOMICIDE	(Specify)		farm, factory, street, office bldg.,				, ,		,
Z										
	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?			
			m.	WHILE AT NOT WHILE AT WORK						
	22 7 1		7.7.7.	deceased from 2	12/ 104	0.7.	. 1	10.55	hat T	last sam the
			, 1930.	and that death occu	ADDDECO		c causes and			ATE SIGNED
	23A. SIGNA	10 RE 2. 24 0	rid		16078 2	with	aue.			0/56'
0	A. DUDIAL	00 11 1		M. D. 24c. NAME of CEMETE						
TI	4A. BURIAL. ON. REMOVAL (S	Specify)	100	24C. NAME OF CEMETE	INT OR CREMATORT				county,	(Deate)
	Burial	7/12/50)	Baltimore.	20		timore, Md.			
	ATE RECEIVE		SSIGNAT	URA/II.	25 FUNERAL DIR	ECTOR ,		AI	DERES	s) note
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-	<u> </u>	1330		will programme in the	/-		10.1	1		- /
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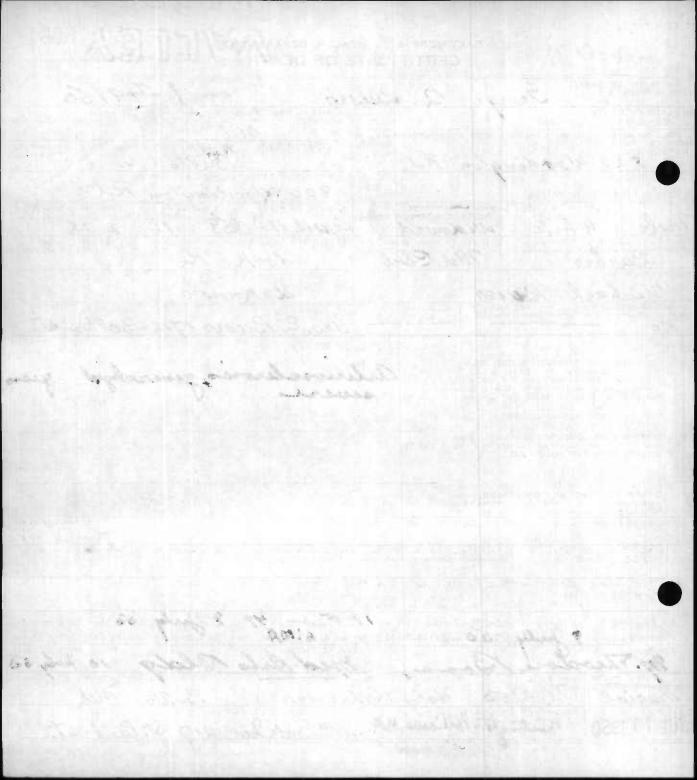


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BUSER DEPARTMENT

50 6064

SIRTH NO.	oUb4	C	ERTIFICA	TE OF DEA	ATH	Registered :	No.
. NAME OF DECEAS Type or Print)	SED G	MAG	0 B	(SET		DATE 7/	9/50
B. PLACE OF DEATH A. Baltimore City,	Maryland	190		4. USUAL RES		deceased lived. If B. COUNTY	f institution : residence before admission
S. FULL NAME OF HOSPITAL OR NSTITUTION	Woodi.		n, give street addres locati		OWN (If outsi	de corporate limi	its, write RURAL and giv
. Length of stay in		ngrou	Yı Mo		DRESS (If rura)		RA.
	White	7. SINGLE. WIDOWE		8. DATE OF BI	IRTH 9	GE (In years	ff Boder I Year H Boder 24 Hours Min
OA. USUAL OCCUPA	ng life, even if retired)	10B. KIND O	of BUSINESS OR	V. BIRTHPLAC	CE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	1 3	UNER		- 0	MAIDEN NAME	1	
5. WAS DECEASED EVE es, no or unknown) (If :	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO	17. INFORMAN			octon st.
	O I	DIDECTLY	CAUS	E OF DEATH			INTERVAL BETWEE
LEAI	DING TO DEAT nean the mode of henia, etc. It mea	TH f dying, e.g., ns the disease,	(A)Q	terroral	eroses,	genera	lyd year
	CEDENT CAUS		(B)				
DISEASES OR OR RISE TO THE AB UNDERLYING	OVE CAUSE (A)	STATING THE					
	11		(c)				
OTHER SIGNIF	HE DEATH, BUT	NOT RELATED	***************************************	*****			
19A. DATE OF OP	ERATION 0 1	9B. MAJOR F	INDINGS OF O	PERATION			YES NO
21A. ACCIDENT, S HOMICIDE (Spe			E OF INJURY (e. m,factory,street,office bl			Baltimore City,	give exact location)
NJURY (Month	(Day) (Year)	WH	E. INJURY OCCU	ILE	DID INJURY OC	CUR?	
22. I hereby cert	tify that I att	ended the d	eceased from	19 Feb., 1	9490 9	July , 16	, that I last saw th
23A SIGNATURE	do	13.	a that death oc	23B. ADDRESS	ent 13	lala	23c. DATE SIGNED
24A. PURIAL, CHEMA TON ALMOVAL SPECIFY, SUNIAL		50 24	Wal R	deemar	24b. LOCAT	Balto.	n, or couldy) (State)
JUL F 1950		S SIGNATUR	Mianes, Mar		DIRECTOR /2/	7 SX P	ADDRESS
VS 150	July & sq.	10000000	Line Sylvening Co. C.	- V - V 01	12.72	/	00



6065

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N BIRTH NO 1. NAME OF DECEASED 2. DATE TLORENCET. KICE (Type or Print) ULY 10,1950 DEATH & (Where deceased lived, If institution : residence 3. PLACE OF DEATH: 4. USUAL RESIDENCE A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE AGE (In years It Under 1 Year If Under 24 Hours last birthday) Months Days Hours : Min. INGLE 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dope during most of working life, even if retired) WHAT COUNTRY? LNDUSTRY DEMNISTARAS 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DISEASE OR CONDITION DIRECTLY EREBRO-VASCULAR LESION LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO GENERALIZED ARTERIOSCIEROSM ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-OF BLADUER TRIBUTING TO THE DEATH, BUT NOT RELATED ARCWOMA TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION -21,1950 DUADDER JUNE BREAKDOWN EDICA 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE . 1950 that I last saw the 22. I hereby certify that I attended the deceased from Oq 20 1950, and that death occurred at 6 23 mm., from the causes and on the date stated above. deceased alive on July 10 cur (State) 24c. NAME OF CEMETERY LOCATION (City, town, or county) 24B. DATE TION REMOVAL (Specify)

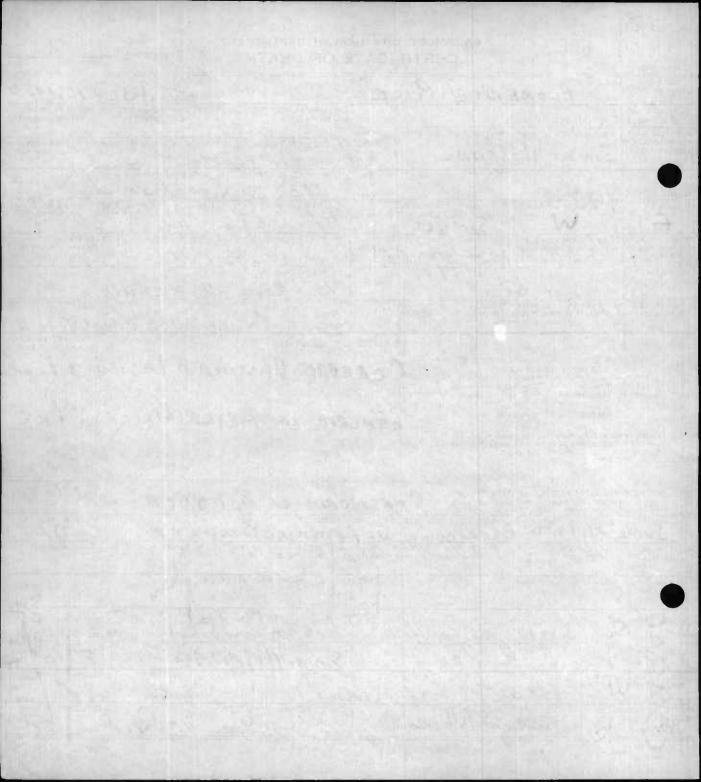
DATE RECEIVED BY REGISTRAR'S SIGNAPURE

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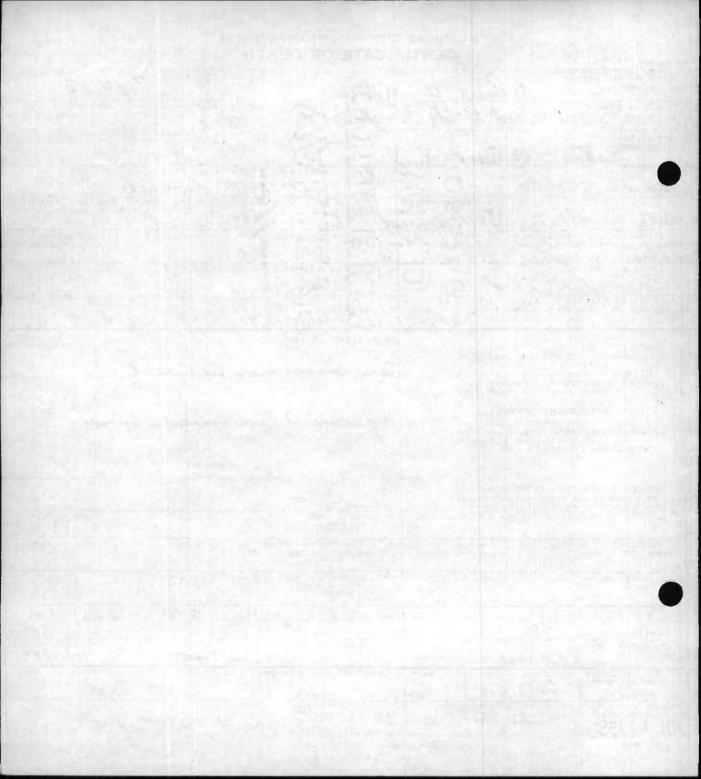
25. FUNERAL DIRECTOR

ADDRESS

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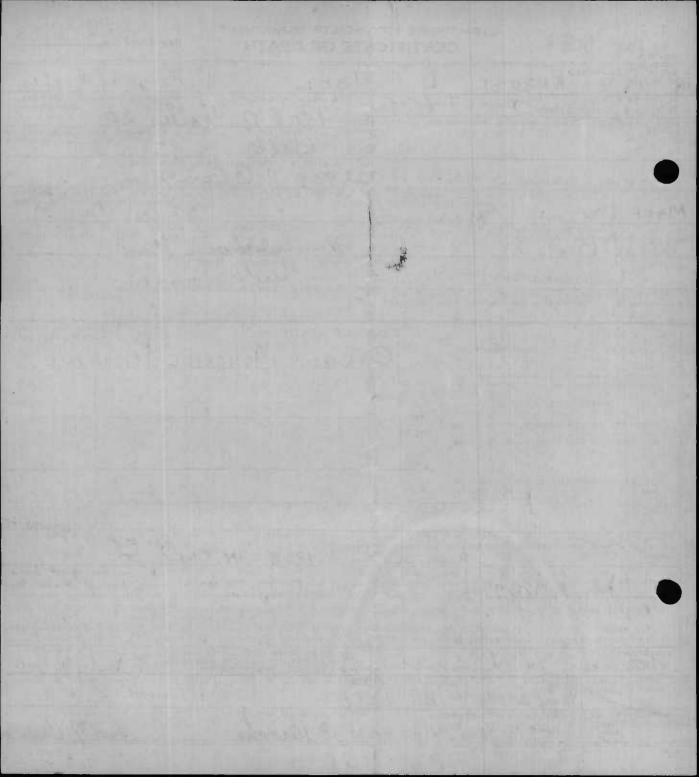


7	160	EALTH DEPARTMENT	5/	Coco			
ВІ	FO 0000	E OF DEATH	Registered No	0006			
	NAME OF DECEASED Robert O. Mille	er	2. DATE 7/16	150			
3. PLACE OF DEATH: A. Baltimore City, Maryland And Balts, Gall, A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or before)							
	STITUTION Robert O, Miller		Balto B	write RURAL and give township)			
C.	Yrs. Mos. Length of stay in Baltimore Days	2221111	Lanvale	st.			
7	Male 6. COLOR OR RACE 7. SINOLE: MARRIED, WIDOWED, DIVORGED (Specify Wild Lowed)	8. DATE OF BIRTH Oct 1884	9. AGE (In years last birthday) Mont	der I Year H Under 24 Hours hs Days Hours Min.			
work 44	A. USUAL OCCUPATION (Give kind of done during most of working its, even if retired) A. USUAL OCCUPATION (Give kind of done during most of working its, even if retired) A. USUAL OCCUPATION (Give kind of done during most of working its and done during most of working its and done during most of the done during most of working its and done during most of working its and done during most of working its, even if retired to the done during most of working its, even if retired to the done during most of working its, even if retired to the done during most of working its, even if retired to the done during most of working its, even if retired to the done during most of working its and done during its and done during the done during its and done during the done during its and done during the done durin	md.		2. CITIZEN OF WHAT COUNTRY?			
	Edward Miller	MELVINA	ME 2.				
	WAS DECEASED EVER IN U. S. ARMED FORCES? (a) or unknown) (If yoe, give war or dates of service) (17-6/-295)	4 Dores Hend	ersona188 k	Bolton st.			
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	novaceular a tensine Cardiso	acular Dies				
CEF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
EDICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			20. AUTOPSY?			
MEDI	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.,		' in Baltimore City, giv	e exact location)			
	INJURY (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from 7-8, 1950, to 7-10, 1950, that I last saw the deceased alive on 7/10, 1950, and that death occurred at / m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED						
24 TH	A. BURIAL, CREMA- 2AB, DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LC	CATION (City, town, or	r county) (State)			
Di	ATE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR	25. FUNERAL DIRECTOR WAS Box Suc. 121	78%. Paul	ADDRESS			
	vs 150	030007		937			



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В	18TH NO.	6067	BA		EALTH DEPARTMENT E OF DEATH	Registered N	6067	
	NAME OF Type or Print)		mes L.	Webb, Jr.		OF July 1	.0, 1950	
	Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If is B. COUNTY	nstitution : residence before admission)	
H	FULL NAME OSPITAL OR ISTITUTION			tion, give street address or location)		outside corporate limits,	write RURAL and give township)	
1	O ather	-1 '- D-14'		Yrs. Mos.	o. STREET ADDRESS (If rural, give location)			
5	SEX	stay in Baltimore 6. COLOR OR RACE		Days E: MARRIED,	82/ W. Baltimore St. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours			
	M	W	WIBOV	red. Divor ced (Greeky) larried	6/29/1890	last birthday) Mon	ths Days Hours Min.	
795		CCUPATION (Give kind of the working life, even if retired		TO. ETANDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
13	FATHER'S	1 1.		/ /	14. MOTHER'S MAIDEN N	AME		
1.5		SED EVER IN U. S. ARME	E C C	16. SOCIAL	18breca Mi	migouring		
(Ye	Mo	(If yes, give war or dat	es of service)	SECURITY NO.	17 INFORMANT ADDRESS		Rest et	
CERTIFICATION	(This do heart fai injury of the property of t	ASE OR CONDITION LEADING TO DE, ses not mean the mode lure, asthenia, etc. It me r complication which ANTECEDENT CAU ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION L SIGNIFICANT CONE IG TO THE DEATH, BUT OISEASE OR CONOITIO	ATH of dying, e. ans the disea caused deat SES IF ANY, GIVI) STATING T AST. DITIONS CO NOT RELAT	g, (A) Art	eriosclerotic Car	diovascular D	isease	
				FINDINGS OF OPER	RATION		20. AUTOPSY?	
EDICAL	UNDERLYII	RNAL CAUSE WAS NG OR CONTRIB CAUSE OF DEATH	about home,	ACE OF INJURY (e.g., 1 farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	If in Baltimore City, gi		
Σ	OF INJURY	(Month) (Day) (Year	m.	WHILE AT NOT WHILE AT WORK	E			
	22. I certify that I took charge of the remains described above, held an Inspection & Ing. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses, accident, suicide, homicide, undetermined. 23a. SIGNATURE 23b. CHIEF MEDICAL EXAMINER						determined	
24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county) (Sta TION, REMOVAL (Specify)								
D.	ATE RECEIVE	ED BY REGISTRAR	1 Sunta		25. FUNERAL DIRECTOR	1217 St. 12	ADDRESS	
v	VS 151 970-24 93) V							

BALTIMORE CITY HEALTH DEPARTMENT 6068 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF KOBER DEATH (Where deceased lived, If institution; residence 4. USUAL RESIDENCE 3. PLACE OF DEATH mercy before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR IS A WHILE location) (If outside corporate limits, write RURAL and give C. CIT INSTITUTION township) CASE VOI ADDRESE Wrural, give location Yrs. D STREET Mos. Length of stay in Baltimore Days AGE (In years | M Under | Year | M Under 24 Hours | Months | Days | Hours | Min. 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 5. SEX 6 COLOR OF RACE MIA arrie 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108. KIND OF BUSINESS INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) 13. FATHER'S NAME Ruo 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH 7.01 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY BON MONOXIDE TOISONING LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or PRIMARY OR CONTRIBUTING | about home farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 1908 Charles It 21F. HOW DID INJURY OCCUR? Deceased (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2ID. TIME FIOS NOT WHILE I in over, one burner on; INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Inspection + having thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes □, accident □, suicide ♥. homicide □, undetermined □. 23A/SIGNATURE 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF GEMETERY OR CREMATORY 24D. LQCATION (City, town, or county) ADDRESS DATE RECEIVED BY FUNEBAL DIRECTOR VS 151



BALTIMORE CITY HEALTH DEPARTMENT 6069 Registered No CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Frank E. Lubertine DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Baltimore (If not in hospital or institution, give street address cr Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION City Hosp. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Line 3411 Elliott St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months; Days | Hours : Min. WIDOWED DIVORCED (Specify) Male Oct.10.1894 II. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) Revere Brasse WHAT COUNTRY? Maryland Mill Hand 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Francis Fisher Anton Lubertine 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dutes of service) 16. SOCIAL 17. INFORMANT 34PRESS SECURITY NO 6-03-3863 Mrs. Mary E. Ves Elloitt 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Thia does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT . 19) U that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 1950 and that death occurred at 10 4m., from the causes and on the date stated above. 23A. SMINATURE 23B. ADDRESS 23c. PATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

25. FUNERAL DIRECTOR

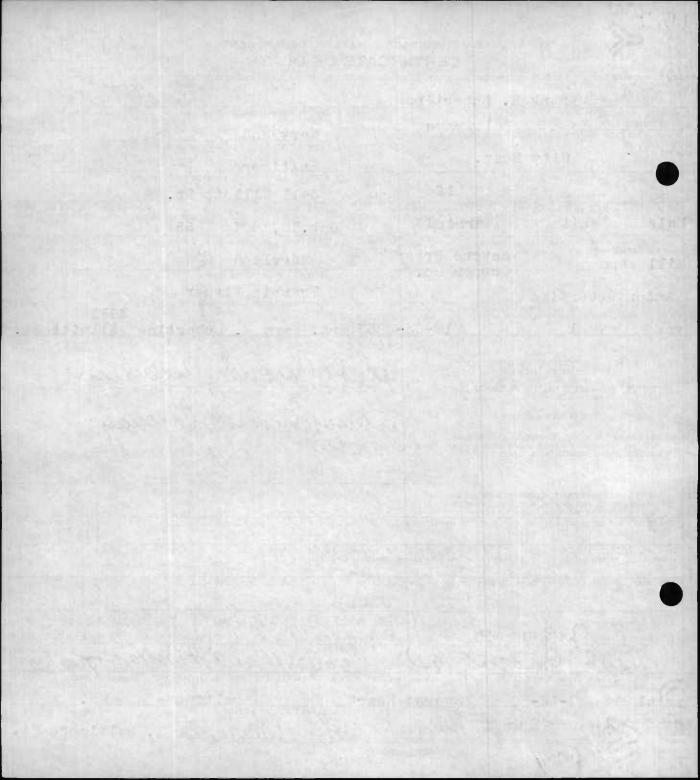
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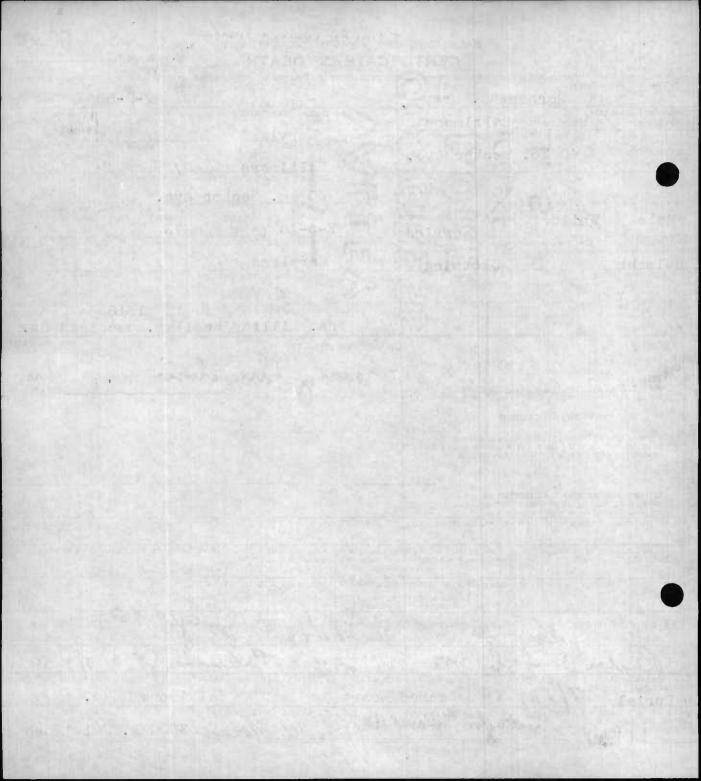
REGISTRAR'S SIGNATURE

Sacred

ADDRESS E. Baltimore St.



Le BU	50 RTH NO.	6070	BAL	TIMORE CITY HE	EATH DEPARTMENT	Registered	50 6070
1.	NAME OF ope or Print)		rt L.	Gray		2. DATE OF 7-9	-50
B. FULL NAME OF (If not in hospital or institution, give street address or hospital OR (If not in hospital or Ave.) 1. FULL NAME OF (If not in hospital or institution, give street address or location) 1. FULL NAME OF (If not in hospital or institution, give street address or location) 1. FULL NAME OF (If not in hospital or institution, give street address or location)					C. CITY OR TOWN	(Where deceased lived. B. COUNTY	If institution: residence before admission) hits, write RURAL and give township)
c. Length of stay in Baltimore Life Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)					Baltimore D. STREET ADDRESS (1) 40 So. Deck	er Ave.	ff Under 1 Year If Under 24 Hours fonths; Days Hours; Min.
ork	A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)	I 108. KIND	arried of Business or INDUSTRY Hing (R)	7-3-1877 11. BIRTHPLACE (State or Maryland 14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY?
Yes,	WAS DECEA	SED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	? 17. INFORMANT Mrs. Lillian		ABRESS mestead St.
CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) COTONAL WINDSLOPE (B) DUE TO						NTERVAL BETWEEN ONSET AND DEATH 24 lis.
FRIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
JICAL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 18D 18D					20. AUTOPSY?	
ME	22. I hereby certify that I attended the deceased from 22. I hereby certify that I attended the deceased alive on 22. and that deathloccurred at 7 m., from the carees and on the date stated above.						
24 TIO	A. BURIAL. N. REMOVAL	(Specify) 7/17	·	M) M. D. 2 24C. NAME OF CEMETE Sacred Hear		Location (City, tow Baltimore	n, or county) (State)
	TE RECEIV	ED BY REGISTRAR	tweter		25. FUNERAL DIRECTOR	2000 E	ADDRESS
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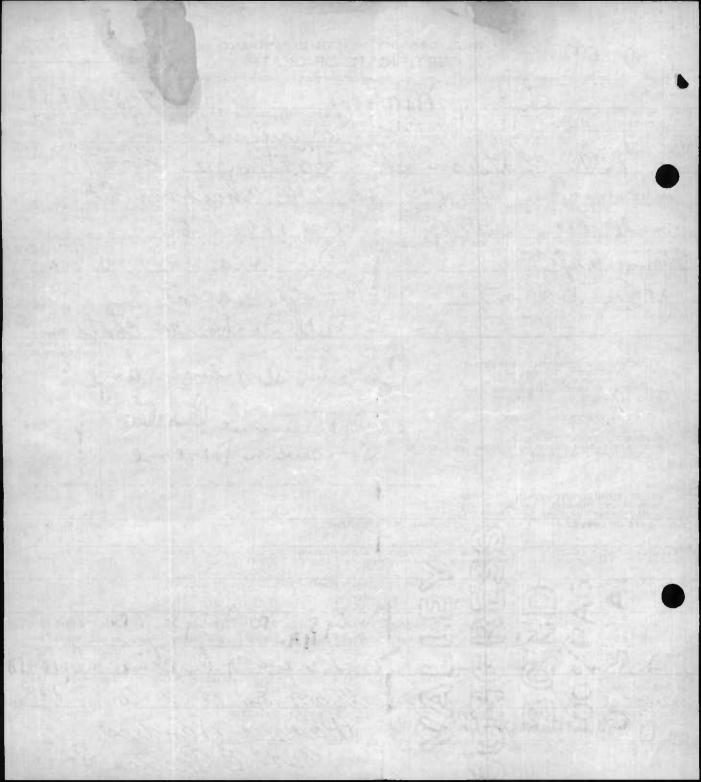
MARIE METALLO 6071 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF July 10 1950 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location ! (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Leigth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year Il Under 24 Hours Months Days WIDOWED, DIVORCED (Specify) last birthday) Hours: Min. White Widown 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 10 ces cur home U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicela Fierentine Filomena Rossi 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. no 18. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, ferm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from_ - 10. 1950 that I last saw the urred at ______m., from the causes and on the date stated above. - 10 1950 and that death occurred at deceased alive on___ 234-SIGNATURE 24A. BURIAL, AEMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 248. DATE 246, NAME OF CEMETERY OR CREMATORY Stanislaus Cemetery Dundakk Ave Bal timore Md DATE RECEIVED BY LOCAL REGISTRAR VS 150 0 1 1 1 1 1

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B.C. 50 - 13572 BALTIMORE CITY HEALTH DEPARTMENT 50 COM								
50 60720 CERTIFICATE OF DEATH Registered No.								
1.	NAME OF Dype or Print)	DECEASED	la	in i	(St	2. DATE OF July	11 195	
	PLACE OF D	DEATH: City, Maryland	411	Premi	4. USUAL RESIDENCE	Where deceased lived. If ins	stitution : residence before admission)	
H	FULL NAME OSPITAL OR ISTITUTION			on, give street address location		(If outside corporate limits,	3.3	
2	STITOTION	HONRS HOPKI	S AUGETT	¥7	12 atti	more	township	
C.	Length of s	stay in Baltimore		Yrs. Mos. Days	11901	f rural, give location)	u St	
出	sex	6. COLOR OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH	last birthday) Month	der I Year his Days Hours Min.	
#OT	done during most	CCUPATION (Give kind of of working life, even if retired)	108/KIND	OF BUSINESS OR INDUSTR	Balto. Md	foreign country) 12	WHAT COUNTRY	
13	Milly	C. lett	R		14. MOTHER'S MAIDEN	14. MOTHER'S MAIDEN NAME		
15 (Ye	. WAS DECKAS	ED EVER IN BS. ARMED	FORCES?	16. SOCIAL SECURITY NO.	Thely ME gett	ADD 162.20	PRESS OF	
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT S not mean the mode of the, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	FH f dying, e.g. ns the disease aused death. EES F ANY, GIVING STATING THI ST.	(A) Int	nacranial h maturity	emouhage	INTERVAL BETWEEN ONSET AND DEATH	
CEF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						L 20 ANTOPSVA	
EDICAL							YES NO	
	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or location) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
M	2 ID. TIME F INJURY	RY OCCUR?						
							that I last saw the	
	deceased a		isel		erred at 45 m., from 23B. ADDRESS	the causes and on the	date stated above.	
TIS	REMOVAL (S SURLA!	Decify) Jely 11	1950 2	4c. NAME OF CEMET		LOCATION (City, town, or	county (State)	
D/ LC	ATE RECEIVE OCAL REGIST	RAR TIME	s SIGNATULE	1.04	a. Howard 6	vans 1400 S	DDRESS	
	VS 150	South	(Miller of the Control of the Contro	Car Administration were	6 0 7 3		160a	

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED DATE OF BIRTH AGE IIn years If Under 1 Year last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) . USUAL OCCUPATION (Glvekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, eyon if retired) WHAT COUNTRY INDUSTRY 13. FATHER NAME DECEASED EVER IN U. S. ARMED FORCES? unknown) (If yes, give war or dates of service) 16. SOCIAL unknown) SECURITY NO CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 8, 19 5, and that death occurred at deceased alive on_ m. from the causes and on the date stated above. 234 SIGNATURE A3C. DATE SIGNED 23B. ADDRESS M. D. 24A. BURIAL. CREMA-TION APMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMA 24B. DATE DATE RECEIVED BY REGISTRAR'S DIRECTOR ADDRESS () Julyans VS 150



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6074 BIRTH NO.
1. NAME OF DECEASED (Type or Print) Thom
3. PLACE OF DEATH: A. Baltimore City, Mai
B. FULL NAME OF (IF HOSPITAL OR INSTITUTION B

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERT	IFICATE	OF	DEAT

2. DATE OF

MUNTEAN

A STATE

DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) Meryland

(If outside corporate limits, write RURAL and give Itimone

D. STREET ADDRESS (If rural, give location) S. Lehib

Yrs. Mos. Days 8. DATE OF BIRTH

WIDOWED, DIVORCED (Specify)

location)

Hospital

OF BUSINESS OR

5-16-92 11. BIRTHPLACE (State or foreign country) My my

12. CITIZEN OF WHAT COUNTRY?

Worker 13. FATHER'S NAME

6. COLOR OR RACE

Thomas

City, Maryland

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Givekind of

work done during most of working life, even if retired)

9. AGE (In years | | Under | Year last birthday) | Months Days

16. SOCIAL

17. INFORMANT

townshipl

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or nnknown)

> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

> > 11

SECURITY NO.

INTERVAL BETWEEN

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

UNDERLYING CONDITION LAST.

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

(B) RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO

DUE TO

(If not in hospital or institution, give street address or

7. SINGLE, MARRIED

10B. KIND

Secours

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION 3 cu 0 4 1 2 2 5

____ and that death occurred at___

about home, farm, factory, street, office bldg., etc.)

LIVEN 21B. PLACE OF INJURY (e. g. in or 21c. WHERE DID

(If in Baltimore City, give exact location)

HOMICIDE

VS 150

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE! AT WORK WORK

21F. HOW DID INJURY OCCUR? 6/23/50, 19 , to

FUNERAL DIRECTOR

INJURY OCCUR?

7-10-50. 19_, that I last saw the

23c. DATE SIGNED

22. I hereby certify that I attended the deceased from_ deceased alive on 7-10-50 19 23A. SIGNATURE

ERTIFI

MEDICAL

BEMOVAL (Specify)

19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE,

30-

(Specify)

23B. ADDRESS

2 6000

24b. LOCATION (City, town, or county)

m., from the causes and on the date stated above.

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

24. 7140

763

BALTIMORE CITY HEALTH DEPARTMENT 6075 JL- 100672 CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2 DATE (Type or Print) Mary Weigert 7-9-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Baltimore City Hospital position) Md. B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 221 Old North Point Rd. Life c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) H Under 1 Year If linder 24 Hours WIDOWED, DIVORCED (Specify)
Married last birthday Months Days Hours Min. Female White Feb. 13 1891 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ma. Housewife At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Moll 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO. B. C. H. Records. 4940 Eastern Ave. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Quadriplegia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Thrombosis 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE! 22. I hereby certify that I attended the deceased from 4-17-46 , 19 , to July 9 , 19 50 that I last saw the deceased alive on July 9 , 19 50 and that death occurred at 12.15M from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave.

BURIAL GREMA-REMOVAL (Specify) CEMETERY OR CREMATORY 24B. DATE

DATE RECEIVED BY OCAL REGISTRAR

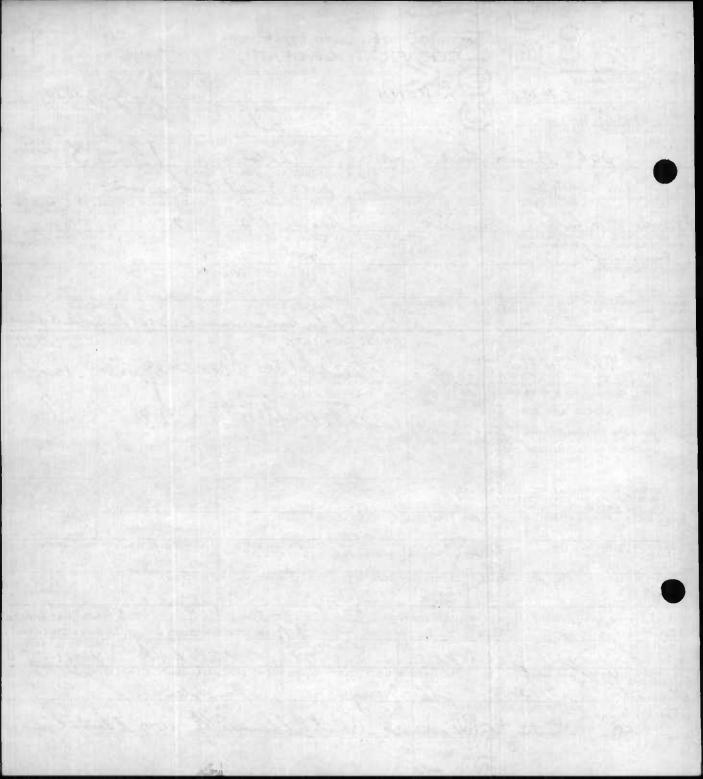
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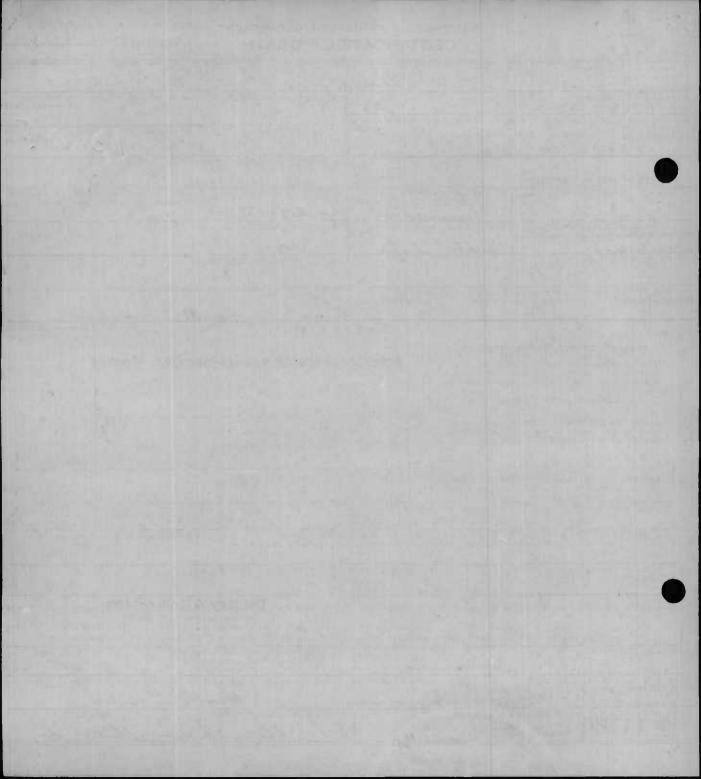
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 6076

1. NAME OF DECEASED (Type or Print) 2. DATE BROWN 9 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived institution : residence 3. PLACE OF DEATH: B. COUNTY A. STATE before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 2069 Dund Jack Dwie D. STREET ADDRESS (If rural, give location) Yrs. Mos. mid task Dune c. Length of stav in Baltimore Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years II Under 24 Hauss last birthday) Months: Days WIDOWED DIVORCED (Specify) Hours: Min. 77 Aug. 31. 1872 married. 108. KIND OF BUSINESS OR 11. BORTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF ork dooe during prost of working life, even if retired) INDUSTRY WHAT COUNTRY? Hansembe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or ooknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 2069 Duri Park Dans INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSYT 198, MAJOR FINDINGS OF OPERATION EDICAL 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c, WHERE DID about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE AT WORK WORK 19. 10 to. , 19 6 hat I last saw the 22. I hereby certify that I attended the deceased from_ 4 A.m., from the causes and on the date stated above. 19 50 and that death occurred at_ deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-OR CREMATORY 24D. LOCATION (City, town, or 24B. DATE TION REMOVAL (Specify) Bural 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1 1950 VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF 10 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF I'f not in hospitul or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RUDAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS Yrs. (If rural, give location) Mos. 500 gth of stay in Baltimore Days 103W10 9. AGE (In years) G. COLOR OR RACE 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH ff Under Year It Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. marsied 10A. USUAL OCCUPATION (Givekind of 10s. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO 2940 / Teanuch CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Arteriosclerotic cardiovascular disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19a. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL 218. PLACE OF INJURY (e.g., is or 21c. WHERE DID (If in Baltimore City, give exact tocation) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🗔 accident 🗆, suicide 🗀, homicide 🗀, undetermined 🗀. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER. 22C. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) Warda rodlans DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS VS 151 "特别是是我们的特别的



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED (Type or Print) 2. DAT 3. PLACE OF DEATH: SIDENCE (Where deceased ived. If it A. STATE A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or trate limits, write RURAL and give HOSPITAL OR location) C. CITY OF TO INSTITUTION D. STREET APDRES rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days If Under 1 Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) AGE (in years | H Under | Year | H Under 24 Hours | Months | Days | Hours | Min. widowed 10A. USUAL OCCUPATION (Give kind of ork done during the first working life, even if retired) 108. KIND OF BUSINESS OR HPLACE (State or foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTRY? uma 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERV ONSET DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION NO (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 195 that I last saw the , 19 SV. and that death occurred at_ deceased alive on_ causes and on the date stated above. 23A. SIGNATURE 23d DATE SIGNED CREMA-24c. NAME OF CEMETERY OR CREMATORY (City, town, or county) 248. DATE REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR Your Against

Dr. Hornstein Roy E. Biddle ST.

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Mary da Selwant - 3923 Made

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If in titution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURA) and ci-HOSPITAL OR location' CITY OR TOWN INSTITUTION p. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years | If Under I Year | If Under 24 flows | last birthday | Months | Days | Hours | Min. DATE BIRTH Mahhied TOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Givekind of) 12. CITIZEN OF cork done during most of working life, even if retired) INDUSTR WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service) 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION EDICAL YES NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT. SUICIDE. (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE AT WORK WORK . 195 Chat I last saw the 22. I hereby cort fy that I attended the deceased from 195 And that death occurred at 50 R-m., from the fauses and on the date stated above. deceased alive of 23A. SONATUR 23C, DATE SIGNED BURIAL, CREMA-24C. NAME OF CEMETERY TON. REMOVAL (Specify) 25. FUNERAL DIRECTO DATE RECEIVED BY

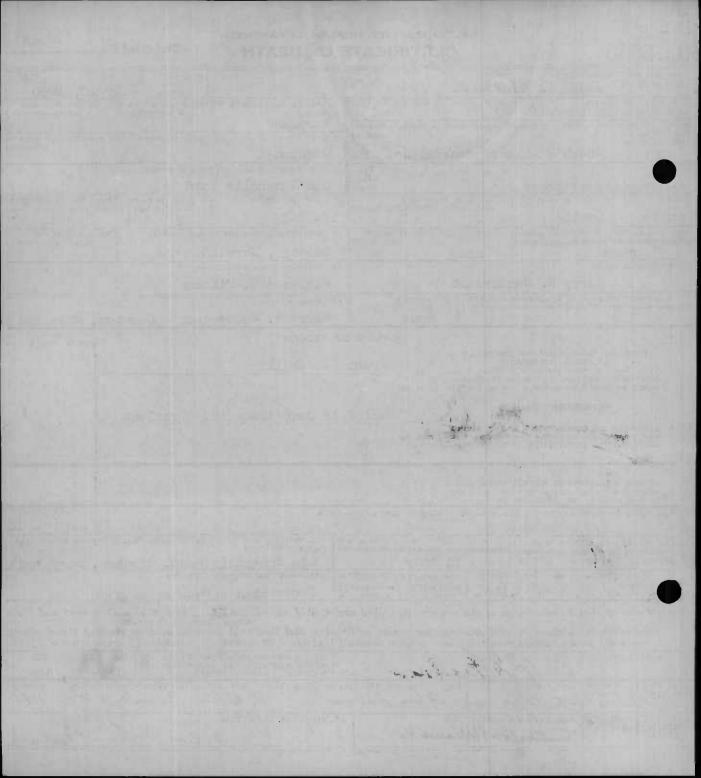
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536 BALTIMORE CITY HE CERTIFICATE CERTIFICATE		Registered
1. NAME OF DECEASED (Type or Print) JAMES W. HENDERSHOT		2. DATE OF DEATH JI
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF ('f not in hospital or institution, give street address or	A. STATE	Where deceased lived.
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION South Baltimore General Hospital	C. CITY OR TOWN (If	outside corporate li
Yrs.	D. STREET ADDRESS (If	rural, give location)

ily 10, 1950 If institution: residence before admission) nits, write RURAL and give Mos. Old Annapolis Road c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | # Under | Year | # Under 24 Hours | last birthday) | Months: Days | Hours | Min. male white 12-28-47 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Odenton, Maryland none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry W. Hendershot Florence E. Pittman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Harry W. Hendershot - Odenton, Maryland no none CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Fractured skull heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Multiple contusions and abrasions ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 19A, DATE OF OPERATION NO X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? highway Old Annapolis Road, Odenton. ME 21D. TIME (Month) (Day) (Year) (Hour) July 10, 1950 3.40pm Pedestrian struck by auto 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident X, suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER 2 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Haven 25 FUNERAL DIRECTOR 151 中国 法政治 不是我们的



660
BIRTH NO.81
1. NAME OF DECE

BALTIMORE CITY HEALTH DEPARTMENT

50 6081

BI	RTH NO.81			CERTIFICAT	E OF DEAT	H Register	ed No.
1. (T	NAME OF D	ECEASED EM A	1 A M	Harrie	P	2. DATE OF DEATH	7-10-50
Α.		City, Maryland &	Doctor		A. STATE	ENCE (Where deceased live B. COUNT	
H	FULL NAME OSPITAL OR ISTITUTION	DOCTOR		ion, give street address or location)	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
4	19		- ()		130/11	MORE 1	F 0-3
c.	Length of s	tay in Baltimore	3	O 4 + 5 Yrs. Mes. Days	1814	N. Califer) } 57.
5.	SEX	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTI		rs H Under 1 Year H Under 24 Hours Months Days Hours Min.
	F	W	11/	i dow.	Unknown	about 74) Months Days Hours Mill.
1 C	A. USUAL OC	CUPATION (Glvekind of of working life, even If retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
W OL	tal	WIFE	BSC D	at home	Michi	9AN	WHAT COUNTRY!
13	FATHER'S			a d Tromo	14. MOTHER'S MA		7.04
	Unknown				Unknown		
(Ye	e, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	_	-	10 TO 1	-	Mr. Frank	Albright-Scher	nectady 8, N.Y.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) CAUSE (A) DUE TO				E., (A) Cler	1 1	rocarditis	5 Moulls
z	ANTECEDENT CAUSES (B) Menoclastic Are					ne must	Doular
IFICATIO	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TI	NG HE DUE TO	oneling	Presel	3 deys.
CERT	TRIBUTING	GIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	£D.	/		
,				FINDINGS OF OPER			20. AUTOPSY?
A	S. HILLE						YES NO
MEDIC	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	21B. PLA	ACE OF INJURY (e. g., i farm,factory,street,office bldg.,	s or 21c. WHERE E		ity, give exact location)
~	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	MJORT		m.	WHILE AT NOT WHILE		1 1	
		y certify that I att	M	deceased from - &	(-3, 1957	-, -, -, -, -, -, -, -, -, -, -, -, -, -	1950; that I last saw the
	23A. SIGNA	live on Algh 9	70/	and that death occur	red at 300/m.) Ja Ho	on the date stated above.
	M	muel 10	Wol	fe. M.D.	1331 F	· northline	7-10-50.
710	AA. BURIAL. (S ON. REMOVAL (S Burial	Opecify) 7/12/50		Loudon P		Baltimore, M	
D.	ATE RECEIVE	BY REGISTRAR	S SIGNATU	IRE K//I·	25. FUNERAL DIR	_ /2	ADDRESS AND

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Dr. Sam. B. Work Ane

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. N	IAME	OF	DI
BIR	TH N	0.	
	6	80	1
	_		
1	-		

3. PLACE OF DEATH:

B. FULL NAME OF

INSTITUTION

A. Baltimore City, Maryland

c. Length of stay in Baltimore

ECEASED (Type or Print) Mary Ware Foote

2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission)

(If not in hospital or institution, give street address or location)

Yrs.

Mos.

Davs

INDUSTRY

A. STATE

(If outside corporate limits, write RURAL and give

D. STREET ADDRESS

(If rural, give location) 9. AGE (In years to Under 1 Year Hours Min. 8. DATE OF BIRTH 1895

Baltimore, Maryland

6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED DIVORCED (Specify)

Life

Private

10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

work done during most of working life, even if retired)

Dome stic 13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or ookoowo) | (If yes, give wer or detes of service)

16. SOCIAL SECURITY NO.

CAUSE OF DEATH

17. INFORMANT Wm. R. Foote 726 Wilmer Court INTERVAL BETWEEN

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

198. MAJOR FINDINGS OF OPERATION

(If in Baltimore City, give exact location)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

EDICA

19A. DATE OF OPERATION

21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)

21F, HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

WHILE AT

22. I hereby certify that I attended the deceased from_

15 1950 to . 1956 hat I last saw the . 1950 and that death occurred at Z Pm., from the causes and on the date stated above. deceased alive on_ 23A, SIGNATURE 23c. DATE SIGNED

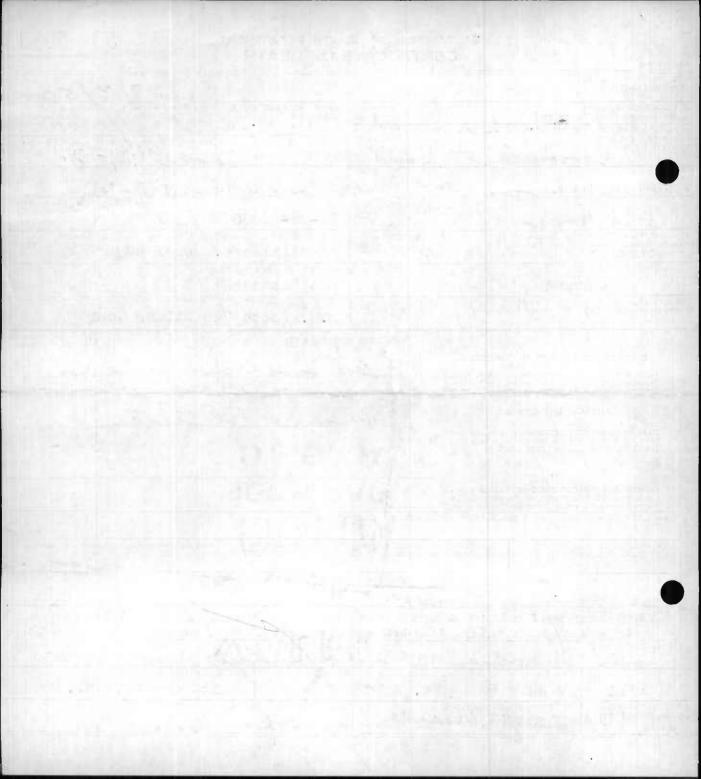
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial Mt. Auburn

saltimore 30, Md, . 25. FUNERAL DIRECTOR

REGISTRAR'S, SIGNATURE DATE RECEIVED BY

ADDRESS WM.A. JACKSON - 916 PENNA. AUE.

72084



() () ()	6092	EALTH DEPARTMENT E OF DEATH	Registered No.	6083
	ppe or Print) Emma IV. Arnold	2	OF DEATH 7 - 9	7-50
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (When	re deceased lived. If insti B. COUNTY	tution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address of obstitution) STITUTION Maryland general (405)		side corporate limits, wr	rite RURAL and give township)
1	Yrs.	D. STREET ADDRESS (If rurs	al, give location)	11
-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9.	AGE (In years) If Under	1 Year If Under 24 Hours
	WIDOWED, DIVORCED (Specif	3-16-1865	last birthday) Months	
10 work	A. USUAL OCCUPATION (Givekind of Coneduring moet of working) if even if retired) Housewife	West, Vir		CITIZEN OF WHAT COUNTRY
13	Allen Newman	14. MOTHER'S MAIDEN NAME		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	ELLEN SI	ULLIVAN	
(Ye	s, no or unknown) (1f yes, give war or dates of service) SECURITY NO.	Clyde Arnol	d as a	bove
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A)	ato-renal fail		ONSET AND DEATH
FICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	uired hemolyti	c amemia	duration Manyyrs
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	lithiasis? (12/1	2/49	
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	te but the	20. AUTOPSY?
IEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bids		Baltimore City, give	
Σ	2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR TINJURY WHILE AT NOT WHILE AT N	E	CCUR?	ne statil
	22. I hereby certify that I attended the deceased from 7	-4 1950, to 7	- 9 , 1950th	at I last saw the
	deceased alive on 7/9, 1950. and that death occurrences to Lower a lee	238 ADDRESS	causes and on the d	ate stated above. 3c. DATE SIGNED 9-50
710	Buried July 2/50 New Cathedre	A Galt	to. Nd	ounity) (State)
DA	ATE RECEIVED BY V REGISTRAN'S SIGNATURE	25. FUNERAL DIRECTOR	AD	DRESS

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2	55		BALT	IMORE CITY HE	EALTH DEPARTMENT	5	0 6084
B	IRTH 6084	1		CERTIFICATI	E OF DEATH	Registered No	
	NAME OF E		hel L.	LIESM	LANN	2. DATE OF DEATH July	9, 1950
Α.		City, Maryland			4. USUAL RESIDENCE (W		
H	FULL NAME OSPITAL OR ISTITUTION			n, give street address or location)		outside corporate limits,	write RURAL and give township)
		Union Men	Lilo	Yrs. Mos.	Baltimore p. street Address (If r		0
	sex Female	tay in Baltimore 6.COLOR OR RACE White	7. SINGLE. WIDOWE Single	D, DIVORCED (Specify)	3814 Harle 8. DATE OF BIRTH April 15,1934	9. AGE (In years If Un last birthday) Mont	dei l Year It Under 24 Hours hs Days Hours Min.
	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	Baltimore, Id.		2. CITIZEN OF WHAT COUNTRY?
13	Rev. Ju	NAME ISTUS H. Li	esmann		14. MOTHER'S MAIDEN NA Mardelly Tipto		William .
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMET (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Rev. Justus H. Li		PRESS 4 Harlem AV
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA'S not mean the mode of are, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA BIGNIFICANT CONDITION TO THE DEATH, BUT	if dying, e.g., in the disease, aused death.) ES ANY, GIVING STATING THE ST. TIONS CON-	ENECTOR MAS	tic rupture of livsive peritoneal he	************************************	
U	TO THE D	ISEASE OR CONDITION	CAUSING IT.	INDINGS OF OPERA	ATION		20. AUTOPSY?
MEDICAL	UNDERLYIN UTING C	NAL CAUSE WAS GEOR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	(Hour) 21	E OF INJURY (e. g., in an actory, street, office bldg., et al. in a control of the control of th	Foot bridge ne	occur?	s Camp rocky em-
	the ev	fy that I took ehar idence obtained by ath in my opinion	ge of the re	emains described a sy, Inspection or I m: natural causes	bove, held an Autopsy, In nquiry, find that said dec , accident , suicide (238 CHIEF MEDICAL E. ASSISTANT MEDICAL E.	nspection or Inquiry coased died on the , homicide , und	thereon and from day stated above, letermined □. DATE SIGNED
B	A. BURIAL (S ON REMOVAL (S Urial	July/3	1950 6	C. NAME OF CEMETER	D. MEDICAL INVESTIGATORY OR CREMATORY 24D. LO	ocation (City, town, or	una
	ATE RECEIVE DCAL REGIST		ton Muli	and we to	tarras N. un		Edmond son
V	S 151 N-	864.6	on the same of	in Apparent	1 8 5	. 18	ba &

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH July 9. BARBARA 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 613 S. Clinton St. A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mos. 613 S. Clinton St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) It Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Femala October 16,1874 Widowed 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Baltimore, Md. U.S.A. Retired House Work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matthew Frazier Katherine Wiedenmiller 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Rose Durkin No 613 S. Clinton St. No None NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES everalescol DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or EDI (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE AT WORK 1950 that I last saw the 22. I hereby certify that I attended the deceased from 1 150, and that death occurred at \$30 In from the causes and on the date stated above. deceased alive on. 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 5. Mer. 57 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 4430 Belair Rd., Balto., Md. Holy Redeemer Cemetery July 13 - 1950 Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR

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REGISTRAR'S SIGNATURE

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901 S. Conkling St.

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-			BALTIMORE CITY HE	ALTH DEPARTMENT		50 6086
IRT	HR686		CERTIFICATE	E OF DEATH	Registered	No.
	ME OF D or Print)	Edward	T. EVANS.		2. DATE OF DEATH 7	10-50
	ACE OF D			4. USUAL RESIDENCE (V	Where deceased lived, B. COUNTY	lf institution; residence before admission)
. FUI	LL NAME PITAL OR ITUTION		al or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate lin	nits, write LURAL and give township)
-	1737	£ 25"	STree 7 Yrs.	O. STREET ADDRESS (If	rural, give location)	-02
. Le	ngth of s	tay in Baltimore	57 Moss	1737 E. 2	5 74 57re	eī.
S. SE.	×	6. COLOR OR RACE	7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	6. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year It Under 24 Hours Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S	HAME (C)	MOTICIAN:	14. MOTHER'S MAIDEN N	AME	
(Linst	en) H Cun	24	Catherine	Jan	
15. W	AS DECEASI	ED EVER IN U.S. ARMEI		17. INFORMANT	The state of	ADDRESS / N /
4.4	63	WWI	security No.	George &	(vans)	18 W MU lays Bre
118	1. 42	0.1	CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of tre, asthenia, etc. It mes complication which	TH of dying, e. g., ans the disease,	owary Ocel	usion	74 hours.
		ANTECEDENT CAUS				
	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE DUE TO			
2			(C)			
		II SIGNIFICANT COND				
3	TO THE D	S TO THE GEATH, BUT	CAUSING IT.			
119		of OPERATION O	98, MAJOR FINDINGS OF OPER	ATION		YES NO
	1A. ACCIDI OMICIDE	ENT, SUICIDE, (Specify)	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,		lf in Baltimore City	, give exact location)
2	ID. TIME	(Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		Y OCCUR?	
			m. WORK AT WORK		2 4 2 40	- <u>-</u>
	2. I hereb eceased a	770 4 4 4	tended the deceased from 2., 19, and that death occur	9 1950, to		1. that I last saw the the date stated above.
	3A. SIGNA			3B. ADDRESS		23c. DATE SIGNED
24:	Les	CREMA SIE DIE	M. D. Z	2528 N Calre	OCATION (City, tov	7-10-5. D
TION.	BURIAL (S	CREMA- Specify)	MG (ALL	n pal E	3-11	Ann
	RECEIVE		'S SIGNATURE	25. FUNERAL DIRECTOR)# / LIANORE	ADDRESS
111	AL REGIST	150 timber	itor Miliana, Mari	Charles 4	Cuawo to	on In
					0 / 4/	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6087

B	IRTH NO.			CLICITICA	IE OF DEATH	registered	110		
('.	NAME OF D	Rober	t Henry	Gulliver		2. DATE OF DEATH Jul	y 9, 1950		
A	. PLACE OF D Baltimore (City, Maryland	tal an in ditud		4. USUAL RESIDENCE A. STATE Marylan	(Where deceased lived. I	f institution: residence before admission)		
H	OSPITAL OR NSTITUTION	Baltimore (ity Hos	ion, give street address pitals location	or	(If outside corporate lim	its, write RURAL and give township)		
		tay in Baltimore		Life Yrs	305 Com		CAMEL		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. Male Negro Married (Specific Action 1)				40	ff Under Year 1 Under 24 Hours Ionths Days Hours Min.				
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOVING VAN CO						foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	3. FATHER'S N	Samuel Gu				14. MOTHER'S MAIDEN NAME Martha Smallwood			
(Y)	5. WAS DECEASE s, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Refords* 1950	Refords 4996 Eastern Ave.			
ERTIFICATION	(c)								
C	TO THE DI	SEASE OR CONDITION	CAUSING IT	г					
SAL	June 7,			inoma oesopha			YES NO		
MEDICA		ENT WAS UNDER- R CONTRIBUTING [] DEATH		CE OF INJURY (e. g arm, factory, street, office bld		(If in Baltimore City,	give exact location)		
2	2 ID. TIME (Month) (Day) (Year		VHILE AT NOT WHILE WORK AT WORK	E	RY OCCUR?			
	22. I hereby certify that I attended the deceased from May 23, 1950, to July 9, 150, that I last saw the deceased alive on July 9, 1950, and that death occurred at 1:45 AM., from the causes and on the date stated above.								
	23a. SIGNATURE 1. Coffee M. D. 23B. ADDRESS 4940 Eastern Avenue 23c. Date Signature 7-10-50								
TIC	ATE RECEIVED	perfy) July 12.	1950	24c. NAME OF CEMET		Ballin	ADDRESS If our		
	VS 150	- SAL	A STATE OF THE STA	9705	3 4 9 9	anny Cr	46a		

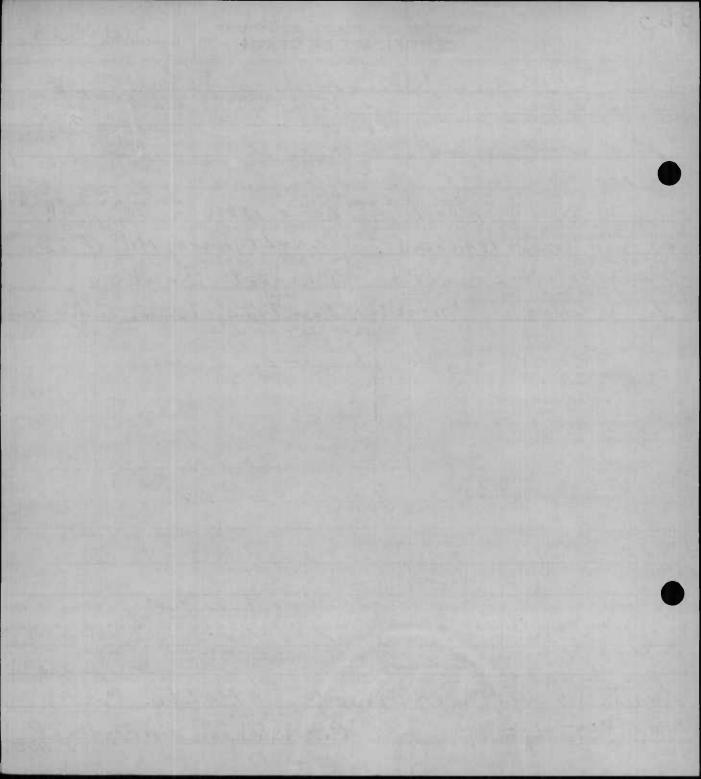
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) I'f not in hospital or institution, give street address or B FULL NAME OF (If outside corporate limits, write RURA), and give HOSPITAL OR location) C. CITY OR TOWN INSTITUTION township) (If rural, give location) D. STREET ADDRESS Mos. igth of stay in Baltimore Days SINGLE, MARRIED 9. AGE (In years 5. SEX 6. COLOR OR RACE BIRTH If Under T Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days Hours: Min. ARRIGI 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR CE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHATCOUNTR SST. ChIEF PERDIEM MOR 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO NONE No 705-03-8010 INTERVAL BETWEEN CAUSE OF DEATH 18 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (日) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL 21c. WHERE DID 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office blig., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT WORK AT WORK \mathbb{Z}^2 . I certify that I took charge of the remains described above, held an $_$ I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238 CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMATION REMOVAL (Specify NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, o) county) 134RIAL DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

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VS 151



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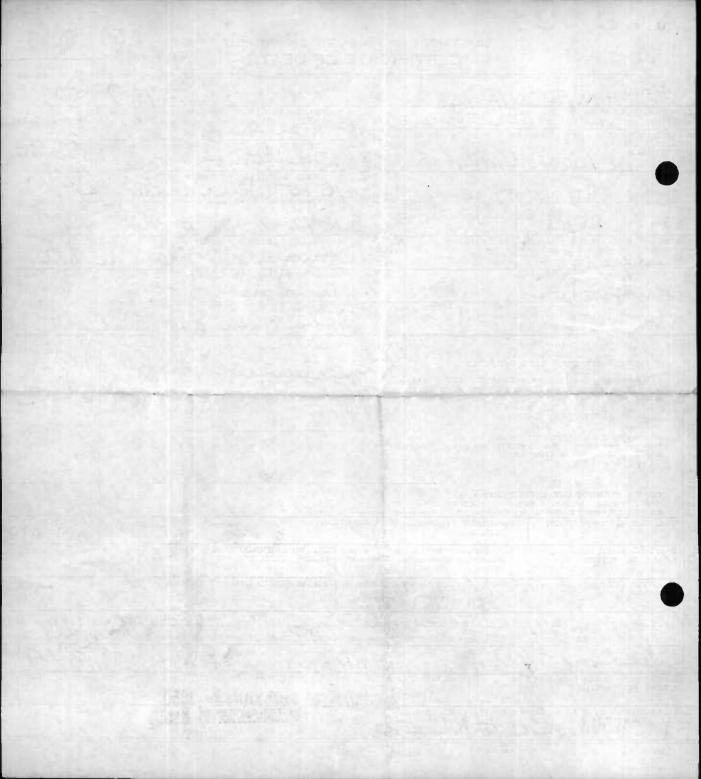
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6089

Registered No.

BIRTH NO.								
1. NAME OF DECEASED (Type or Print)	2. DATE OF 2 7-57							
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)							
B. FULL NAME OF (If not in hospital or institution, give street addr HOSPITAL OR loca	Maryland.							
INSTITUTION , S 1/1	c. CLTY OR TOWN (If outside corporate limits, write RURAL and give township)							
c. Length of stay in Baltimore 30 years.	D. STREET ADDRESS (If rural sive location)							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (S	8. DATE OF BIRTH 9. AGE (In years Il Under I Year Il Under 24 Hours							
10A. USUAL OCCUPATION (Give kind of rock done during most of working life, even if retired) INDUSTRIANCE OF BUSINESS C	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Lenknown	Centrocon							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY N	NO. Thrormant Owens 15-15 Suelester al							
18. 443 X , CAU	SE OF DEATH							
DISEASE OR CONDITION DIRECTLY	in to a dead I gri							
(This does not mean the mode of dying, e.g., (A)								
injury or complication which caused death.) DUE TO	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES								
Z (B)								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
OTHER SIGNIFICANT CONDITIONS CON-								
OTHER SIGNIFICANT CONDITIONS CON-								
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION 20. AUTOPSY7							
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (about home, farm, factory, street, office	YES NO L							
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or large large) 21C. WHERE DID (If in Baltimore City, give exact located large) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or large) 21C. WHERE DID (If in Baltimore City, give exact located large) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or large) 21C. WHERE DID (If in Baltimore City, give exact located large) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or large) 21C. WHERE DID (If in Baltimore City, give exact located large) 21C. WHERE DID (If in Baltimore City, give exact								
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
MHILE AT NOT WHILE AT WORK AT WORK								
22. I hereby certify that I attended the deceased from 6-28 - 1950 to 7-7- 1950 that I last saw th								
deceased alive on 7-6-, 1950, and that death	occurred at 900 a.m., from the causes and on the date stated above.							
23A, BIGNATURE	18/67 nount de, 23c. Date signed							
24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEI TION, REMOVAL (Specify) 7-11-50 Nt. Calve	METERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	25. FUNE ADDRESS Letropolitan Funenal Home							
VS 150	Application Funeral Home							
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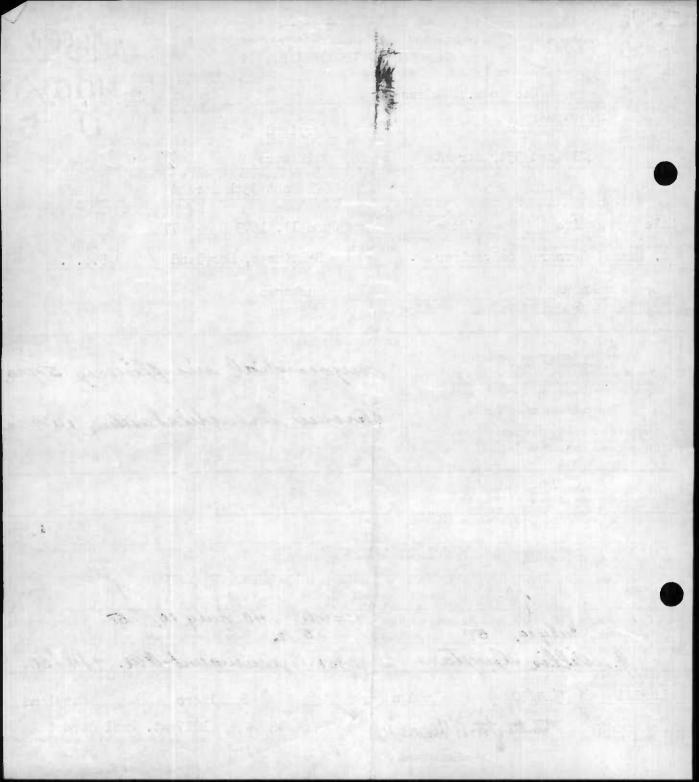
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BIR	5U	6030		CERTIFICAT	E OF DEATH	Registered	No.	
1. 1	NAME OF D		TT	G 3	2. DATE OF 7.3.33.3000			
3. F	LACE OF D	EATH:	rge n.	Sanders	DEATH July 11, 1950			
	Baltimore (City, Maryland OF (If not in hospit	al or institut	ion, give street address or	A. STATE	B. COUNTY	before admission	
HOS	SPITAL OR			location)	C. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and giv	
7		621 East 3	5th Str	eet	Baltimore 7-63 township			
c. I	Length of s	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) . 621 East 35th Street			
5. SEX 6. COLOR OR RACE 7. SINGL WIDOV		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year H Under 24 Hours Months: Days Hours: Min			
Male		white	Widowed		June 11, 1873	77		
work d	lone during most o	CUPATION (Give kind of of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY	
Re	et. Enam	el Burner & C	Galvani	zer	Baltimore, Maryland U.S.A.			
13.	FATHER'S				14. MOTHER'S MAIDEN NAME			
		unknown			unknown			
15. (Yes,	mo or unknown)	ED EVER IN U.S. ARMER (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
CERTIFICATION	DISEASES RISE TO T UNDERLY	ANTECEDENT CAUSES OR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA III GIGNIFICANT CONDITION TO THE OBATH, BUT	F ANY, GIVIN STATING TH ST.	NG HE OUE TO (C)	yorandial	schialas	lu 1041	
	TO THE O	ISEASE OR CONDITION	CAUSING 1	т	· · · · · •		<u>-</u>	
AL	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO	
MEDICAL								
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK NOT WHILE NOT								
	22. I hereby certify that I attended the deceased from March, 1949 to getly 10, 1950							
	deceased a	live on selly 10	_, 19. 5 0	and that death occur	rred at 5 1.m., from	m the causes and on		
	23A. SIGNA	Willie -	Guy	lan M.O. 3	38. ADDRESS 396/ Green	nawt au	23c. DATE SIGNED	
	o, BUR AL (S burial			24c. NAME OF CEMETE Loudon Park		o. LOCATION (City, tow Itimore	(State) Maryland	
DA:	TE RECEIVE	BY REGISTRAR	SSIGNATU		25. FUNERAL DIRECTO	OR	ADDRESS	

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WEGTES 6091 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 50 - /24/3 1. NAME OF DECEASED (Type or Print) OF DEATH 6-18-50 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Newborn 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of a (Yes. no or nuknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY atelectoric LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from 6 -17 . 1950 to 6 -(8 , 195) that I last saw the deceased alive on 6-14, 1950, and that death occurred at F12 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 6-17-80 Mal M. D. 1 24c. NAME OF CEMETERY OF CREMATORY 24D. LOGATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50 -14219 1. NAME OF DECEASED 2. DATE (Type or Print) JABY DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UninTun INIORE D. STREET ADDRESS If rural, give location) Yrs. Mos. Lerce AX c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME, 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 6-25, 19 5,40 6.25, 19 7 that I last saw the deceased alive on 6-25, 19 50 and that death occurred at 545 Pm., from the causes and on the date stated above. · 25, 195 that I last saw the 23c. DATE SIGNED 23A. SIGNATURE 1-25-50 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE 25. FUNERAL DIRECTOR ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR VS 150

REGISTRAR'S SIGNATURE

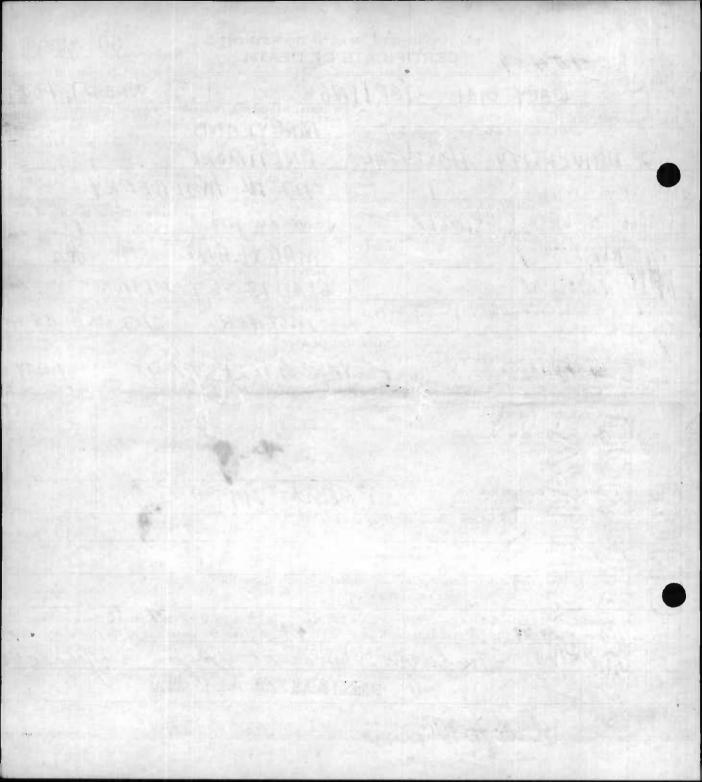
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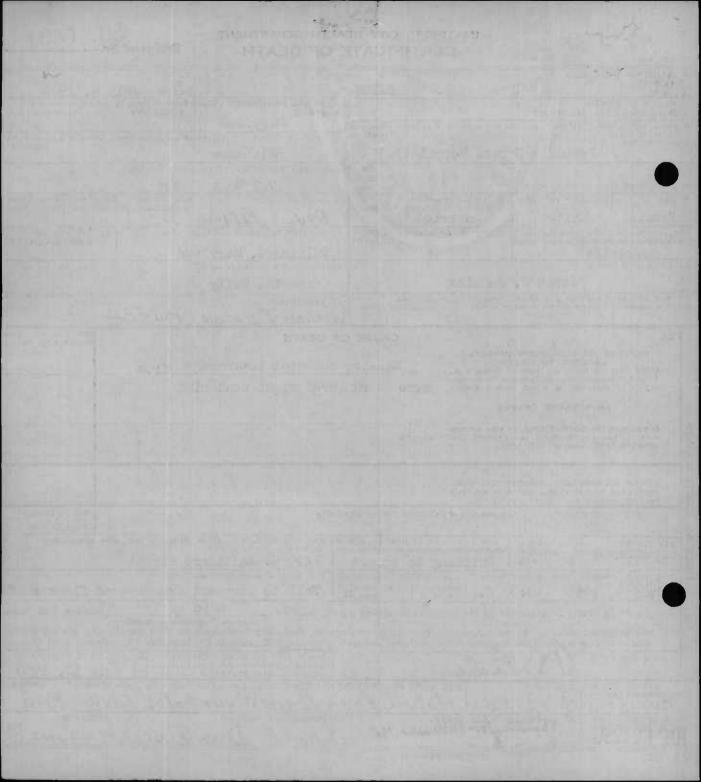
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE STERI (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) o. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | 1 Under | Year | 1 Under 24 Hours | Months; Days | Hours | Min. 6. COLOR OR RACE SINGLE 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired). INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME INKNOWA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 717 W. MULSA 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY FOETAL ATELECTASIS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST, 11 PREMATURITY OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL NO L 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Bultimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from Juve 26, 1950, to June 37, 1950 that I last saw the deceased alige on June 37, 1950, and that death occurred at TP m., from the causes and on the date stated above. 23A. SIGNATARE 23CADATE SIGNED unis 24A. BURIAL, TREMA-24c. NAME OF CEMETERY OF CREMATORY ly, town, or younty) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE PGALIREGISTOR VS 150



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В	50 RTH NO.	60	94	BA			E OF DEAT		Registe	red No.	6094
	NAME OF C	ECEASI		ORA	L.	EATON		1	2. DATE OF DEATH	July 9	1950
	PLACE OF D Baltimore		[aryland				4. USUAL RESIDE	ENCE (Whe		ved, lf insti	
В.	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi			location)	C. CITY OR TOWN	(If ou	side corporate	e limits, wr	rite RURAL and give
3		Fr	anklin S	quare h	iospita	Yrs.	b. STREET ADDRE	imore ss (If rur	al, give location	on)	4
-	bength of s					Mos. Days		Belt S		1224	
5.	Female		OR OR RACE	WIDOV	e. Marrie wed. Divor arried	RCED (Specify)	8. DATE OF BIRTH	919	last birthday	Months	Year H Under 24 Hours Days Hours Min.
10 work	A. USUAL OC dene during most	of working	ION (Give kind of life, even if retired)	10B. KIN	D OF BUSI	NESS OR INDUSTRY	Baltimore,			12.	CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME					14. MOTHER'S MA	IDEN NAM	E		
15	. WAS DECEAS		Johns S.			1	Catherine	Daily			
	, no or unknown)				16. SOCI	URITY NO.	WILLIAM T.	EATON	1747	Belt Belt	
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO TUNDERL'	LEADIS not me complice complice ANTEC	ING TO DEA can the mode can the mode cation which CEDENT CAU CONDITIONS. VE CAUSE (A) ONDITION L II CANT COND	TH of disea caused deat SES IF ANY, GIVI STATING TAST.	g., (A) se, (B) se, (B) se, (C) se, (C) se, (A) se, (A	ruj	e subdural he ptured right	tentor	ium	1	
CER	TO THE D	ISEASE	OR CONDITION	CAUSING	1T	C OF OPER	ATION	•••••			20. AUTOPSY?
	19A. DATE C	OF OPE	RATION	98. MAJOR	FINDING	S OF OPER					YES X NO
EDICAL	UNDERLYIN	G 🖾 O	USE WAS R CONTRIB- OF DEATH.	about home,	farm, factory,	JURY (e. g., i treet, office bldg., e street	1419 W.	Ri Baltimo	re Stree		exact location)
Σ	FINJURY July 9	(Month)	(Day) (Year 50 10:0	OO P m.	WHILE AT WORK	NOT WHILE AT WORK				second	floor roof
	22. 1 certi						ibove, held an		opsy	th	hereon and fron
	the evand de	idence eath in	obtained by	said Aut	opsy, Insy from: nat	pection or l	Inquiry, find that \Box , accident \square ,	said dece suicide [, homicide	on the de \Box , unde	termined .
	23A, SIGNA	TURE	45	Fish	h	м	238. CHIEF ME ASSISTANT ME .D. MEDICAL INVE	EDICAL EXA	MINER	T -	ATE SIGNED y 10, 1950
	DURIAL S	Specify	24B. DATE 7-12-	50	HO/L	. 11.	SS Cem	ANN A	PO/15	B/V	ounty) (State)
D/	TE RECEIVE	D BY	REGISTRAD	SSIGNAT	Villian	u, Ma		DENA	/V./NC	. 715	LIGHT SI
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50	6095
BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) Mr. Charles Fish LaMont DEATH July] 050
4. USUAL RESIDENCE (Where deceased lived, if institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A STATE B. COUNTY. before admission) B FILL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Co. St. Joseph's Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 10h McCormick Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) M Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Mar. 3. 1874 Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Retired Agent R. R. New York State 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry LaMont Flora Fish 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 706-10-2501 Mr. George LaMont INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Viteris elevotic cardis UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT 1950, to 7/11/ 1950 that I last saw the 22. I hereby certify that I attended the deceased from___ deccased alive on 7/11/ 19 50, and that death occurred at 11:30 ml from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED naddous 1400 N. Caroline Street M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Removal 7/14/ 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 7/14/50 Honeave Falls Honeave Falls. N. Y. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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1. NAME OF DECEASED (Type or Print)

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

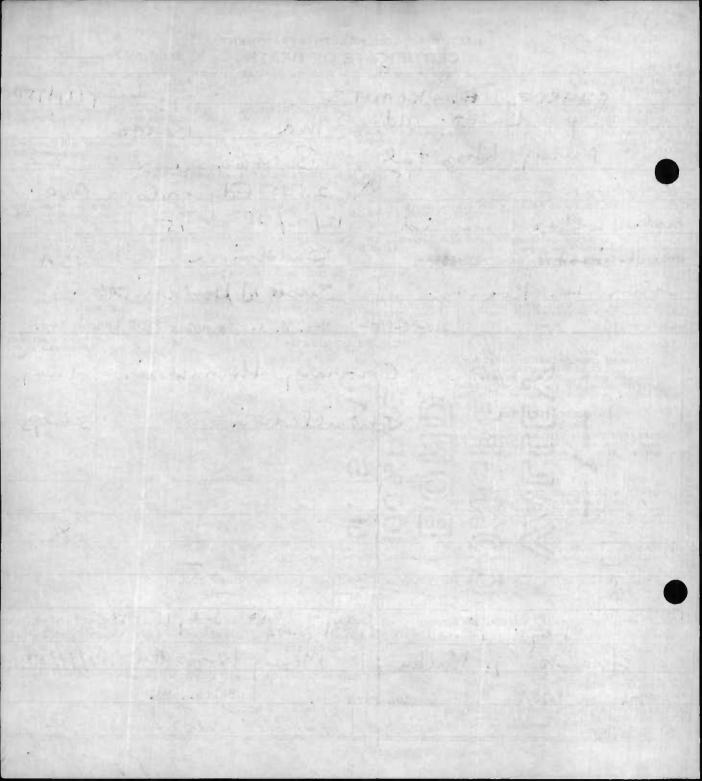
CHARLES Edward KOONT Z DEATH July 11,195

Registered No.

2. DATE

OF DEATH

	PLACE OF DEATH: Baltimore City, Maryland Balto. Md.	A. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, w.	nite DIIDAI and sine
IN	STITUTION Meren Hometal	C. CITES R TOWN (II outside corporate innits, w	township)
-	7.5 Yrs.	D. STREET ADDRESS (If rural, give location)	
C.	Length of stay in Baltimore	2535 Edmondom	Aue.
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		1 Year H Under 24 Hours
	nale white muriel (Specify)	12 2 13 175	Days Hours Min.
10 worl	A. USUAL OCCUPATION (Give kind of k done during most of werking life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	echanic-fare boxes Transit	Dalom ne	USA
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1.0	John H. Koonty	Duoil M. Hoddmit	1
(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	
4	ukuru 213-05-9938	Mrs. J. A. Reynolds 2506 Aru	
	12011	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	V	1 0 0
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	many furnishes	ladin
	injury or complication which caused death.) DUE TO		
-	ANTECEDENT CAUSES	000 +00-	30000
6	DISEASES OR CONDITIONS, IF ANY, GIVING	MULI GOLD OF THE PARTY OF THE P	2000/2
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FIC	1000 1000 1000 1000 1000 1000 1000 100		
	II		
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
AL	- 7		YES NO
EDICA	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in about home, form, factory, atreet, office bldg., c	or 21C. WHERE DID (If in Baltimore City, give	exact location)
ME	The state of the s		
	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?	
h	m. WHILE AT NOT WHILE WORK AT WORK		
	22. I hereby certify, that I attended the deceased from	ly 9, 1950, to July 11, 1950, to	hat I last saw the
	deceased alive on July 11, 1950, and that death occur	red at 10.00 An., from the causes and on the c	late stated above.
	23A. SIGNATURE 2	3B. ADDRESS	3C. PATE SIGNED
2	4A. BURIAL, OREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or	county) / (State)
TI	on, REMOVAL (Specify) Burial 7/13/50 Loudon Park	Balto., Md.	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS A
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	VS 150		IVILA.
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BALTIMORE CITY HEALTH DEPARTMENT

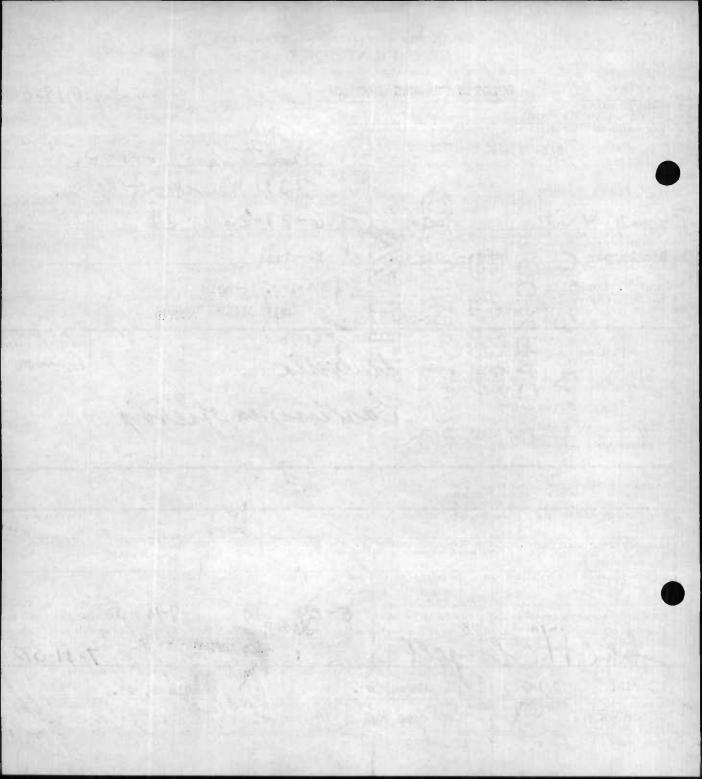
Registered No. 6097

В	IRTH NO.	300;	CERTIFI	CATE	OF DEATH	-	Registered	No	0037
1.	NAME OF D		OLORES FRANCES S	HERMAN			DATE OF DEATH JAN	20101	1951
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDEN				n: residence fore admission
H	FULL NAME OSPITAL OR ISTITUTION		al or institution, give street as		CITY OR TOWN	(If outsi	de corporate limi	its, write R	URAL and giv township
		tay in Baltimore		Yrs. Mos. Days	3311	R (If rural,	give location)	ane	
7	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED Single		6-27-2		ast birthday) M	H Under I Year Ionths Day	M Under 24 Hours Hours Min
wor	Bookkeer	CUPATION (Give kind of of working life, even if retired)		DUSTRY	1. BIRTHPLACE (St		country)	12. CITI WHA	ZEN OF AT COUNTRY
14	John F.	•			4. MOTHER'S MAII Ethel M. Tr				
15 (Ye		ED EVER IN U. S. ARMED	FORCES? 16. SOCIAL SECURITY 212-22-52	Y NO. 1		PKINS MOS	PITAL "	ADDRESS	
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CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED						
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IEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY about home, farm, factory, street, o				Baltimore City,	1	
Σ	21D. TIME ((Month) (Day) (Year)	WHILE AT N	CCURRED OT WHILE	21F. HOW DID	INJURY OC			
2		live on 7-10	ended the deceased from 19.50, and that deat	h occurre	. ADDRESS	from the ca	7-16, 195 uses and on the HUSPITEL	23c. D	stated above
TI	Barial	7/14/50	Woodlawn	Cem.		Wood	lawn, Md.		
L	ATE RECEIVED	150 REGISTRAN	s signature, h	2	FUNERAL DIRE	ick	ner Y V	ADDRE:	Salto

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I. NAME OF DECEASED Crype or Prints DERRENDERS Land La		30	0038	BAL	TIMORE CITY HE	EALIH DEPART	MENI	Paristand No.	6098
Type or Philaty 3. PLACE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. It institution: residence of the person of th	ВІ	RTH NO.			CERTIFICATI	E OF DEAT	H	Registered No.	S G G G
3. PLACE OF DEATH 3. Baltimore City, Maryland 5. FULL NAME OF (Inc in hospital or institution, give street address or focation) 5. FULL NAME OF (Inc in hospital or institution, give street address or focation) 5. FULL NAME OF (Inc in hospital or institution, give street address or focation) 5. FULL NAME OF (Inc in hospital or institution, give street address or focation) 5. FULL NAME OF (Inc in hospital or institution, give street address or focation) 5. FULL NAME OF (Inc in hospital or institution, give street address or focation) 5. FULL NAME OF (Inc in hospital or institution) 6. Length of stay in Baltimore 5. FULL NAME OF (Inc in hospital or institution) 7. SEX OF (Inc in hospital or institution; give street address or focation) 8. STREET ADDRESS (If rurs), give location; but town town of the start institution; residen town institution; residen town institution; residen before a discussion in the start of the start institution; residen before a control of the start institution; residen before a discussion in the start institution; residen before a control of the start institution; residents of control of control of the start institution; residents of control of			ECEASED				2. DA	ATE	
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C. CITY OR TOWN (If outside corporate limits, write RURAL am few in the control of the control	3. A.	PLACE OF DI	EATH:			4. USUAL RESIDE	ENCE (Where de	ceased lived. If inst	titution : residence before admission)
C. Length of stay in Baltimore C. Length of stay in Baltimore C. Length of stay in Baltimore C. SEX C. COLOR OR RACE C. SINGLE. MARRIED. D. STREET ADDRESS III rural, give location Deep Deep Deep Deep Deep Deep Deep Dee	H	SPITAL OR	OF (If not in hospit	al or institut			(If outside	corporate limits, w	rite RURAL and give
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215. TIME (Month) (Day) (Year) (Hour) 216. INJURY WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 7/10, 19 50 7/11, 19 50, that I last san deceased alive on 7/11, 19 50, and that death occurred at 4:40 4 m., from the causes and on the date stated at 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNATURE 24A. BURIAL. CREMA! 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 25 HUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS 25 HUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS 25 HUNERAL DIRECTOR	EDI	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	21B. PLA about home,	ACE OF INJURY (c. g., it erm, factory, street, office bldg., c	21C. WHERE D		ltimore City, give	exact location)
deceased alive on 1/11, 190, and that death occurred at 4:40 m., from the causes and on the date stated at 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNATURE 24A. BURIAL. CREMA- 24B. DATE 110N, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 110N, REMOVAL (Specify) 24D. Loudon Park Cem. 25 FUNERAL DIRECTOR ADDRESS	Σ	21D. TIME (Month) (Day) (Year)		WHILE AT NOT WHILE		INJURY OCCU	JR?	
deceased alive on 1/11, 190, and that death occurred at 4:40 m., from the causes and on the date stated at 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNATURE 24A. BURIAL. CREMA- 24B. DATE 110N, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 110N, REMOVAL (Specify) 24D. Loudon Park Cem. 25 FUNERAL DIRECTOR ADDRESS		22. I hereb	u certify that I att	ended the	deceased from 7	10 19 5	10to 7/1	1950 ti	hat I last saw the
23a. SIGNATURE Mark 2 Vall	B	deceased al	ive on 7/11	190	and that death occur	rred at 4:40 A m.	from the caus	ses and on the	date stated above
24A. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (S Burial 7/14/50 Loudon Park Cem. Balto. Md.							, ,		3c. DATE SIGNED
Burial 7/14/50 Loudon Park Cem. Balto. Md.		1 4					Hosp		
Burial 7/14/50 Loudon Park Cem. Balto. Md.	24 T10	A. BURIAL, C	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATIO	ON (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 HUNERAL DIRECTOR ADDRESS	1.10		- P/1 A /FC)	Loudon Park C	em.	Belto	. Md.	
		ATE RECEIVE	D BY REGISTRAR		吟 车。		ECTOR	AL AL	/// ///

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BALTIMORE CITY HEALTH DEPARTMENT

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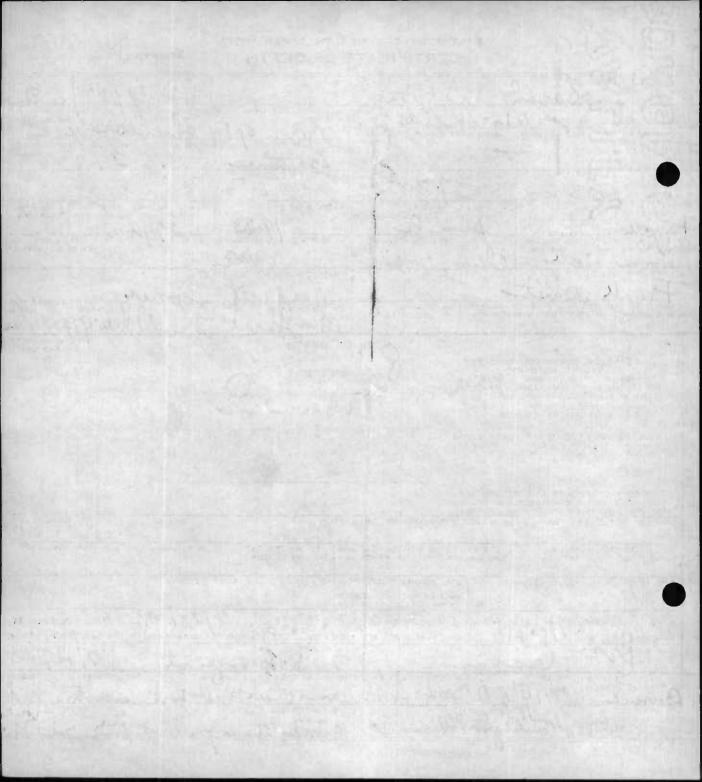
00 0000	CERTIFICAT	E OF DEATH	Registered N	0
1. NAME OF DECEASED			2. DATE A /	
(Type or Print) Martha W.Cl	akk		DEATH July	511,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived, If i	titution: residence before admission)
B. FULL NAME OF (If not in hospital or instit	ution, give street address or location)	Md		
INSTITUTION Bon Secon	11	C. CITY OR TOWN (1	f outside corporate limits	write RURAL and give township)
	Yrs.	D. STREET ADDRESS (I	f rural, give location)	
c. Length of stay in Baltimore	Mos. Days	1902 M	- hongwood	nd 50
L WIDO	LE, MARRIED. DWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years line) last birthday) Mor	Under I Year It Under 24 Hours https://doi.org/10.110018
10A. USUAL OCCUPATION (Givekind of 10B. KII	ND OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF
ork done during most of working life, even if retired)	INDUSTRY	Baltimore		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
John F. C. Offutt		Mary E. ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
none	SECONITI NO.	Mrs. R. M. McGe	e 3101 Milfor	rd Ave.
18. 420.0	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Υ.	1 . 11. 1 .	P . D	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	ease,	Anne Hart	acture	
injury or complication which caused dea	ath.) DUE TO			
ANTECEDENT CAUSES	A. de.	andraha W	a delisa.	A VINE PAGE
DISEASES OR CONDITIONS, IF ANY, GI	VING			
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			
F			***************************************	
OTHER SIGNIFICANT CONDITIONS (IN TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSING	ATŁD			
	R FINDINGS OF OPER	RATION		20. AUTOPSY?
U 21A ACCIDENT SUICIDE 21B P		Loss wasters but	Te in Dalain on Cian a	YES NO
HOMICIDE (Specify) about hom	LACE OF INJURY (e. g., i ne, farm, factory, street, office bldg.,		(If in Baltimore City, g	we exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
INJURY m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended th		12/50 19 to	7/1/ 1970	that I last saw the
deceased alive on 195	and that death occur	rred at 4 m., from	the causes and on th	e date stated above.
23A. SIGNATURE		38. ADDRESS		23c. DATE SIGNED
I Strank A. a	tarqiliu M.D.	Dan Sicoms		7/11/50
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City town,	or county) (State)
Burial 7/13/50	Loudon Park	Cem. Balt	o. Md.	
DATE RECEIVED BY REGISTRAR'S SIGNA	THISE.	25. FUNERAL D RECTOR	1 4.1	ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived.) institution; residence A. STATE B. COUNTY perfore admission.) 3. PLACE OF DEATH A. Baltimore City, Maryland (If not in hospital or institution, give street a direct B. FULL NAME OF S OF HOSPITAL OR location) (If outside corporate limits write RURAL and give INSTITUTION township) Luma Yrs. D. STREET ADDRESS (If runal, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH H Under 1 Year 9. AGE (In years) If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 400 10A. USUAL OCCUPATION Givekindof 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108 KIND OF BUSINESS OR work done during most of working life, of en if retired) WHAT COUNTRY? INDUSTRY mar 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (if yee, give war or dates of service) 16. SOCIAL A.DDRESS (Yee, no or unknown) SECURITY NO. INTERVAL 18. OF 002 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICA 218. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office bldg., etc.) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK > D 19 19.__, that I last saw the 22. I hereby certify that I attended the deceased from 6 to , and that death occurred at 2 . Confrom the causes and on the date stated above. deceased alive on 7/10 7 19 23A. SIGNAMUNE 238. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-CEMETERY OR CREMATORY 24B. DATE 24c. NAME OF 24D. LOCATION (City, town (State survey mic 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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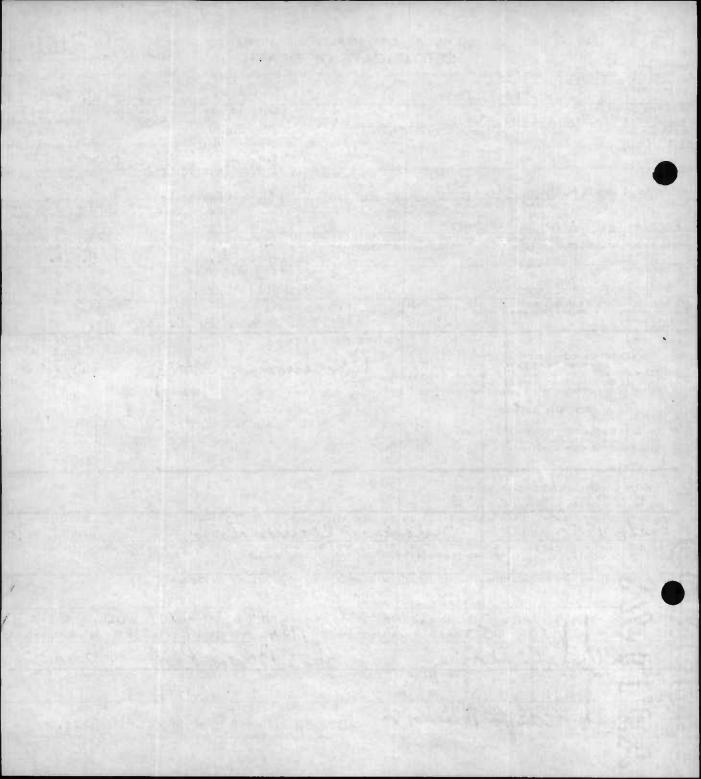
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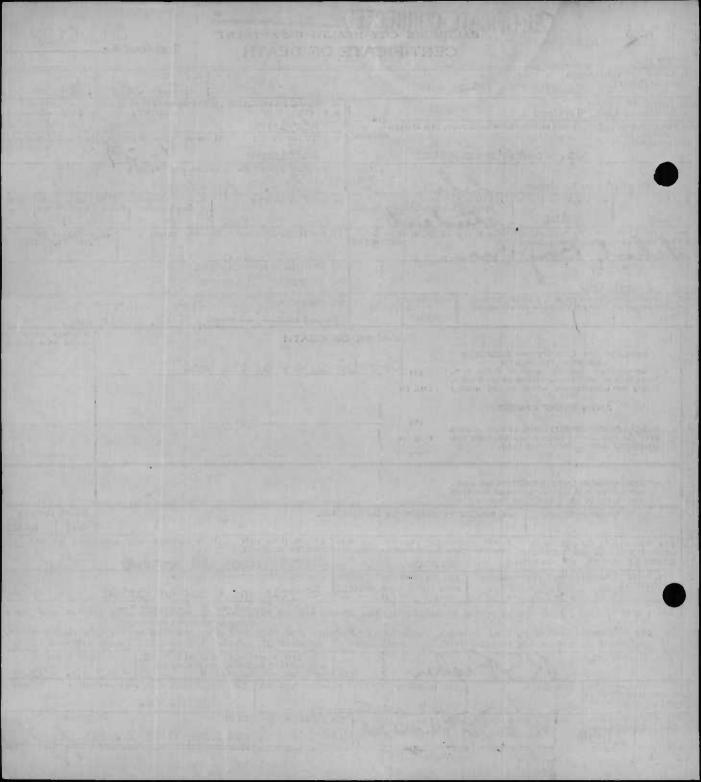
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6101 Registered No.

BIRTH NO.			CERTIFICAT	E OF DEATE	1 Registered	110-
1. NAME OF (Type or Print)		A JACKS	ON		2. DATE. OF DEATH Jul	y 10, 1950
B. FULL NAME	City, Maryland 30	o S. E.	ton St.	A. STATE Mar	NCE (Where deceased lived.) B. COUNTY Vland	before admission)
INSTITUTION				Baltim	ore 26-	oits, write RURAL and give township)
c. Length of s	stay in Baltimore	Lifetim	Yrs. Mos. Days		Eaton St.,	
5. SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. ZED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Year H Under 24 Hours Aonths Days Hours Min.
Female	White CCUPATION (Give kind of	Marri	ed	May 7, 1897	53	
fork done during most	of working life, even if retired)	IOB. KIND	INDUSTRY	to the same of the	ate or foreign country)	12, CITIZEN OF WHAT COUNTRY
13. FATHER'S				Baltimore	U.S.A.	
Peter	Bauernfiend	P. FORCECO	1.10.000111	Catherin	e Horn.	
	ED EVER IN U. S. ARMEI (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.			None	Earl L. Jack	son 300 S. Eaton	
18.	J X I	DIRECTIV	CAUSE	OF DEATH		INTERVAL BETWEEN
	LEADING TO DEA	TH	C U	orcensu	a Ovan	6 mis.
neartiant	re, asthenia, etc. It mea complication which c	ns the discas	e.) h		
mjury of			.) DUE TO			
7	ANTECEDENT CAUS	SES				
DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	***************************************	***************************************	
UNDERL'	YING CONDITION LA	STATING TH				
			(C)			
OTHER S	II SIGNIFICANT CONDI S TO THE DEATH, BUT	NOT RELATE	D			
	OF OPERATION 1	9B. MAJOR		PATION		1 20 AUTORGUS
& Febr	1950	OD. MAJOR	Humlerd	Corenous	Jose	YES NO
Z IA. ACCIE	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA	CE OF INJURY (e. g., arm, factory, street, office bldg.,	in or 21c. WHERE DIE etc.) INJURY OCCUR		
21D. TIME INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID 1	NJURY OCCUR?	
INJURY		m.	WHILE AT NOT WHILE WORK			
22. I hereb	y certify that I att		account from	cloted 1949	to July 10, 190	Sothat I last saw the
deceased a	live on 7-10	, 1950.	and that death occur	rred at 15 Am.,	from the causes and on	the date stated above.
23A. SISNA	Mon L.	Lean	VG M. D.	3025 Bd	lai Rord	7-10 30
24A. BURIAL, TION, REMOVAL (S	CREMA- 24B, DATE	2	24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)
Burial	July 13,	1950	Parkwood Ceme	tery	Parkville, Md.	
DATE RECEIVE LOCAL REGIST	D BY REGISTRAR'	S SIGNATU	75 MIL	25. FUNERAL DIRE		ADDRESS Leans St.,
VS 150	· Mary					1/00



	4.16	CAGO CERT	IFICATI	E CORRECTE!	7-1 F	50	6460	
В	IRTH NO.	9.10g		CERTIFICAT	E OF DEATH	Registered No.	0.10%	
1.	NAME OF D	ECEASED CALVIN	CASPER	?		2. DATE OF July	9. 1950	
Α.		City, Maryland			4. USUAL RESIDENCE (W			
H	FULL NAME OSPITAL OR ISTITUTION			ion, give street address or location)	C. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give township)	
-		St. Josep	on s nos	Yrs. Mos.	Baltimore D. STREET ADDRESS (If	· -		
5.	SEX	tay in Baltimore	7. SINGL WIDOW	Days MARRIED, ED, DIVORCED (Specify)	1108 E. North		at 1 Year H Under 24 Hours s Days Hours Min.	
	male A. USUAL OC L do Cduriu Gueste	White CUPATION (Give kind of of which king life given if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	March 18, 1938 11. BIRTHPLACE (State or for Baltimore, Md.	reign country) 12	CITIZEN OF WHAT COUNTRY?	
13	Frank	Caster	YUV		14. MOTHER'S MAIDEN NA Dorothy Thomps			
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT thy M. Mrs. Frank Capper	ackey (Motherpo	RESS	
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT SIESASE OR CONDITION	ITH If dying, e. g If dying,	(B)	OF DEATH ng injury of the l	head	ONSET AND DEATH	
U				FINDINGS OF OPER	ATION		20. AUTOPSY?	
MEDICAL	UNDERLYING UTING C	MAL CAUSE WAS DE OR CONTRIB- AUSE OF DEATH. Month) (Day) (Year)	about home, for	CE OF INJURY (e.g., instance bldg., of the company	North Avenue a	OCCUR?	exact location)	
	the cvi	fy that I took char dence obtained by ath in my opinion	ge of the	remains described of psy, Inspection or 1	tbove, held an Inquiry Autopsy, I Inquiry, find that said de I accident A, suicide	bove, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, \(\subseteq \subseteq \text{accident } \mathbb{K}, suicide \subseteq \text{, homicide } \supreceq \text{, undetermined } \subseteq.		
24	23A. SIGNAT	(4)	Fis	AC. NAME OF CEMETE	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E .D. MEDICAL INVESTIGATO RY OR CREMATORY 24D. LO	EXAMINER		
B	on, REMOVAL (S urial	July 13,	1950	Oak Lawn Cer	Col	gate, Md.		
	TE RECEIVED	1950 REGISTRAR'S	SIGNATU	Williams, M. M.	Ullrich Funeral H		ns St.	
V	S 151 // _	8 1 2 2 mm.	· Andrik	Special Control of the Control of th	AND TORR	170	c V	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO I. NAME OF DECEASED (Type or Print) 2. DATE DEATHJULY 11, 1950 ANNA P. RAPPOLD 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A Baltimore City, Maryland 2400 E. Fayette St., B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) (If outside conporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 69 Years 2400 E. Fayette St., Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) ff Under 1 Year AGE (In years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months: Days | Hours | Min. Female Widowed Feb. 18m 1860 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Meinhart Henrietta Schlegle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) | (If yee, give war or dates of service) SECURITY NO. No. Charles Rappold 3101 Lawnview Ave., None INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK uly H - , 1930, that I last saw the Fine 13 1950 to 22. I hereby certify that I attended the deceased from_ 1950, and that death occurred at 8 m., from the causes and on the date stated above. deccased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED M O 24A. BURIAL, CREMA-24B. DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) July 14. 1950 | REGISTRAR'S SIGNATURE

Parkwood

DATE RECEIVED DATE RECEIVED BY

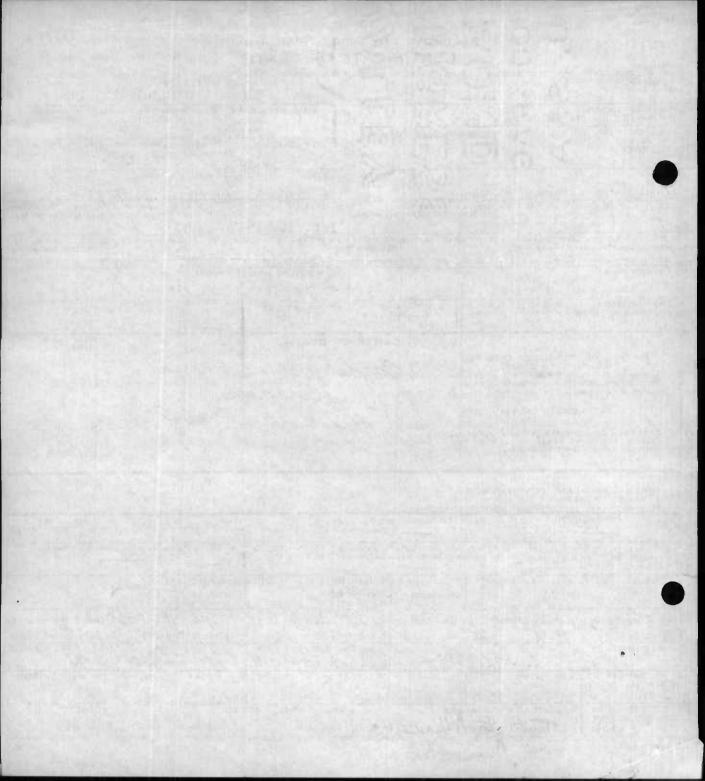
Burial

ADDRESS

Parkville, Md.

Ullrich Funeral Home 2008 Vrleans St.

25. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6104

В	IRTH NO.	48.87 3.	C	ERTIFICAT	E OF DEATH	Registered No	outrid -
1.	NAME OF D 'ype or Print)	ECEASED &	(in	Brown		2. DATE. OF DEATH	11/0 50
Α.		City, Maryland		1000	4. USUAL RESIDENCE	(Where deceased lived, If in	stilution residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi		, give street address or location)	C. CITY OR TOWN	(If outside corporate limits,	write RURAL and give
-			o MODLITAL	Yrs.	D. STREET ADDRESS	(If rural give location)	-01
	Length of s	tay in Baltimore	12 6000	Mos. Days	1203 7	asher of	-, -
2	Lemal	heard	WIDOWED	D, DIVORCED (Specify)	5-13-13)	9. AGE (In years lill) last birthday) Mont	ths Days Hours Min.
Vorl	A. USUAL OC	CUPATION/Give kind of working life, of ep if retired	IOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Spice of	On office	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S	Luck	l Man an a		14. MOTHER'S MAIDEN	NAME Verse / a	
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U, S. ARME (If yee, give wer or det	D FORCES? I	6. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
	18.	, 0		CAUSE	OF DEATH	INS HOSPITAL	INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
	(This does	not mean the mode re, asthenia, etc. It mer complication which	TH of dying, e.g., ans the disease.	(A) WY OM	remia	uritis with	? 15 yes
z		ANTECEDENT CAU			1 :	ardicyascular	? LOYES
ATIO	RISE TO TI	OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION L	STATING THE	DUE TO (C)	Direare	10	
F		11		CONC	penial Kac	rute renal	
CERT	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED		helirs ou	reles	384KS
AL	19A, DATE O	TOPERATION-	198. MAJOR FI	NDINGS OF OPER	ATION		20. AUTOPSY?
EDIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- CONTRIBUTING DEATH	218. PLACE about bome, farm	OF INJURY (e. g., in, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City, giv	e exact location)
Σ	21D. TIME (Month) (Day) (Year	- WHII	E. INJURY OCCURRI		JRY OCCUR?	
	22. I hereby	y certify that I at		ceased from	N. 3-0 1950 to	July 10, 195	That I last sam the
	deceased al	ive on suly	4 4		red at 12 Pm., from	nthe causes and on the	
	23A. SIGNAT	romas E.	Van met	rem M.D.	3B. ADDRESS HOPKINS		10 VW450
	D. REMOVAL (S		-50 7	nt-aul	RY OR CREMATORY 249	Paltimore	r county) State)
LC	TE RECEIVE	BY REGISTRAR	SSIGNATURE	lliams, Ma	NO. Trans	Q. Heursle	Beddy it

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Tomas E. Vom Matro

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BIRTH NO. 50 6105 CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) LaFayette Tawes	2. DATE OF July 11, 1950
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OFBALTIMORE City Hospitals location) 4940 Eastern Avenue	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
c. Length of stay in Baltimore 25 yrs. Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 846 N. Eutaw Street (1)
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify Married	Dec. 13, 1878 9. AGE (In years Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of processing during most of working life, man if retired) 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE DUE TO	OF DEATH ATT Edema Cardiac Hypertrophy ry Arteriosclerosis ralized Arteriosclerosis
TO THE DISEASE OR CONDITION CAUSING IT.	
198. MAJOR FINDINGS OF OPER 198. MAJOR FINDINGS OF OPER 218. PLACE OF INJURY (e. g., LyING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	YES NO _
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from July 11.19.50, and that death occur	ne 4 , 1950, to July 11 , 1950, that I last saw the rred at 12:40Am., from the causes and on the date stated above
23A. SIGNATURE	238. ADDRESS 23c. DATE SIGNED 7-11-50
24A. BURIAL. CREMA- TIOM REMOVAL (Specify) 7/13/50 All of Forest	
JUVS 150	38C106 94a

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BALTIMORE CITY HEALTH DEPARTMENT 6106 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased) lived. 1 (Institution: residence A. Baltimore City, Maryland STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Wocation) (If outside corporate limits, write RURAL and give C CITY OR HOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) Il Under 1 Year last birthday) Months: Davs WIDOWED, DIVORCED (Specify) 23-187 70 medaned 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Joursen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME emas 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO

UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

YES NO (If in Baltimore City, give exact location)

20. AUTOPSY?

before admission)

It Under 24 Hours

Hours! Min.

WHAT COUNTRY

ONSET AND DEATH

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

ebout bome, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY

NOT WHILE WHILE AT

21B. PLACE OF INJURY (e.g., in or

WORK

22. I hereby certify that I attended the deceased from __. that I last saw the 1950 and that death occurred & m., from the, causes and on the date stated above. deceased alive on_

3-1950

238. ADDRESS

24B. DATE

HORNEN

21c. WHERE DID

INJURY OCCUR?

24A. BURIAL, CREMA-

24c. NAME OF CEMETERY OR CREMATORY

24D, LOCATION (City

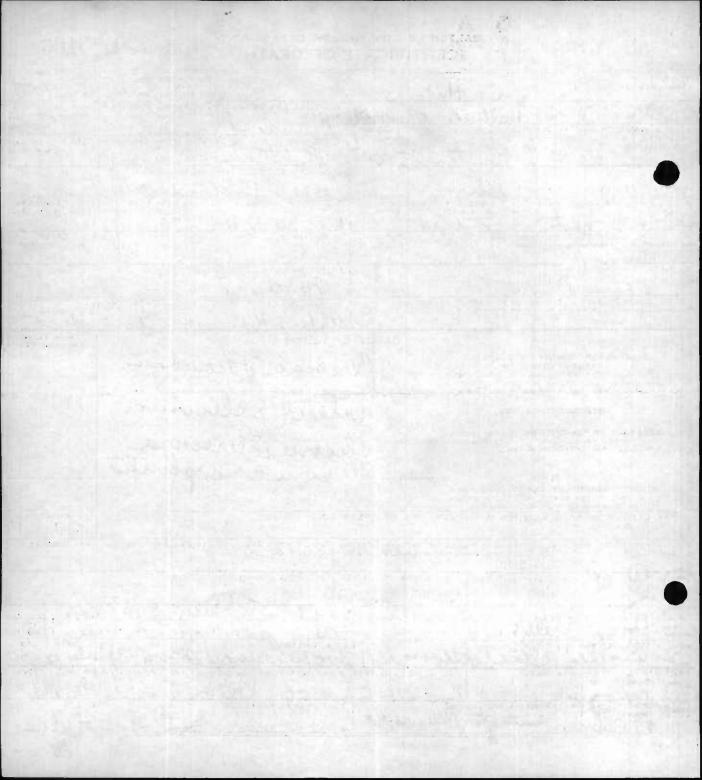
ADDRESS 25. FUNERAL DIRECTOR

DATE RECEIVED BY FREGISTRAR'S SIGNATURE LOCAL REGISTRAR

EDICA

VS 150

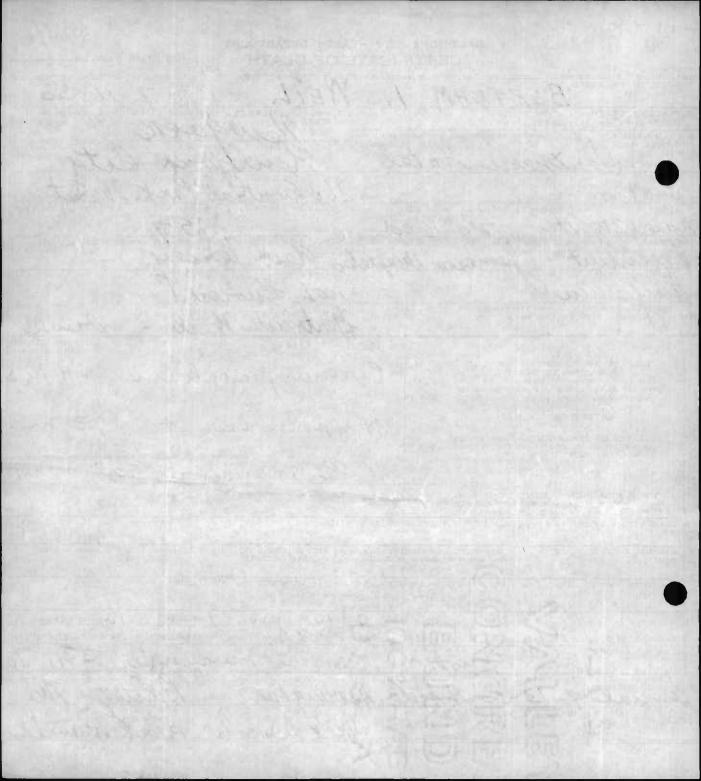
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BALTIMORE CITY HEALTH DEPARTMENT

X 50 6107

BI	RTH NO.	O.E.O 2	CE	RTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF D	DECEASED RE	RTRAM	1.	WEIL	2. DATE OF DEATH	11-50
A.		City, Maryland			A. STATE	E (Where deceased lived,	If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hos	pital or institution, gi	ve street address or location		Ol outside corporate lin	nits, write RUKAL and give township)
	0	Towns	Jan 5 10	Yrs. Mos.	D. STREET CODRESS	(If rural, gip location)	Mark +
	SEX	6.COLOR OF RAC	E 7. SINGLE, MAI	Days RRIED. IVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last Arthday)	ff Under I Year If Under 24 Hours Months: Days Hours: Min.
10 ork	A OSUAL OC	CUPATION (Give kind of Jorking lift even if retire	Mary JOB. KIND OF E		1). BIRTHPLACE (State	e of foreign county)	12. CITIZEN OF WHAT COUNTRY?
0	PATHER S	reut	jameson	Lungle	60 /LEW	Kersey IN NAME	WHATCOUNTRY
15	renja	ED EVER IN U. S. ARM	ISS CONCESS LAG		not den	own!	
Yes	, no or unknown)	(If you, give war or d	ates of service)	SOCIAL SECURITY NO.	Gertrude	Weil -	James James
		SE OR CONDITION	N DIRECTI V	CAUSE	OF DEATH		INTERVAL BETWEEN
	(This doe heart fails	LEADING TO DE s not mean the mod ire, asthenia, etc. It n complication which	EATH e of dying, e.g., neans the disease,	(A)	sonory o	occlesion	24 ms
NOIN	RISE TO	ANTECEDENT CA S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	, IF ANY, GIVING A) STATING THE	(B)	y pertens	in t	3 mo
		11		(c) G	rtyiosc	lerous	3 m
211	TRIBUTIN	GIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITI	JT NOT RELATED				
AL		OF OPERATION O	198. MAJOR FINE	INGS OF OPE	RATION		20. AUTOPSY?
FULL	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		FINJURY (e. g., tory, street, office bldg.,		(If in Baltimore City	, give exact location)
Z	D. TIME INJURY	(Month) (Day) (Yes	m. WHILE A			JURY OCCUR?	
			ttended the deced	sed from 2	-10,191910		Sothat I last saw the
	23A, SIGNA	live on 7-/1	Jones b		23B. ADDRESS 3		the date stated above.
24	REMOVAL (S	CREMA 24B. DATE	246/N	AME OF CEMETE	ONHULL NULL	4D. LOCATION CALLY, tov	on, or county) (State)
D/ LC	ATE RECEIVE CAL REGIST	PSU REGISTRA	RIS SIGNATURE	emes, M.M	25. FUNERAL DIRECT	De 21001	ADDRESS PL
	VS 150) 1544.	THE ANSO	THE PROPERTY OF THE PARTY OF TH	29099		94a



M-534 50 6108

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6108

BIRTH NO.			CLIVIII ICAII	L OI DLAIR	1	
1. NAME OF DE (Type or Print)		lara E	. Mantler		2. DATE OF DEATH	7-9-50
3. PLACE OF DE A. Baltimore C B. FULL NAME (HOSPITAL OR INSTITUTION	EATH: ity, Maryland DF (If not in hospit	Balt al or institut	imore	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE Md B. COUNTY before admission)		
Yrs. Mos.				Baltimore Md. S-0 5 township) D. STREET ADDRESS (If rural, give location) 1718 Darley Avenue		
6. COLOR OR RACE 7. SINGL WIDOW MAI			E, MARRIED, PED. DIVORCED (Specify)	8. DATE OF BIRTH 11-26-7	9. AGE (In ye	eurs II Under I Year If Under 24 Hours ay) Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of rk dope during most of working life, even if retired) HOUSEWIIE NOTE: 10B, KIND OF BUSINESS OR INDUSTRY				Pennsylva	nia	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown		
Yes, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	Chas. C. Mantleb- 1718 Darley Ave.		
(This does heart failur injury or DISEASES RISE TO THUNDERLY!	OR CONDITION LEADING TO DEAT NOT mean the mode of e, asthenia, etc. It mea complication which complication which complication which complication which complication which complication with the complication of the death, but the condition of the death, but	I'H of dying, e. g ns the disease aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) Ale	one My	raiditio tic Cardion	INTERVAL BETWEEN ONSET AND DEATH
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
LYING OR		about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	te.) INJURY OCCUR	27	City, give exact location)
FINJURY	Month) (Day) (Year)	m.	VHILE AT NOT WHILE		INJURY OCCUR?	
22. I hereby deceased ali 23A. SIGNAT	VE ONTHELY 8 VRE THE LEWIS 24B. DATE	19 m	deceased from the and that death occur M.D. 249 NAME OF CEMETE	38. ADDRESS		d on the date stated above, 23c. DATE SIGNED 7-//- 7, town, or county) (State)
Burial DATE RECEIVED LOCAL REGISTR JUL 1219	7- 13 BY REGISTRAR	S SIGNATU	/Yourance, Mist.	25. FUNERAL DIRE		e, Md. ADDRESS S. Wolfe Street
VS 150	्रिश्य:	1. 31 mas 4	Will British Contract of the		Wind Town	921

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Charles C. Hertlett 171 Party Age.

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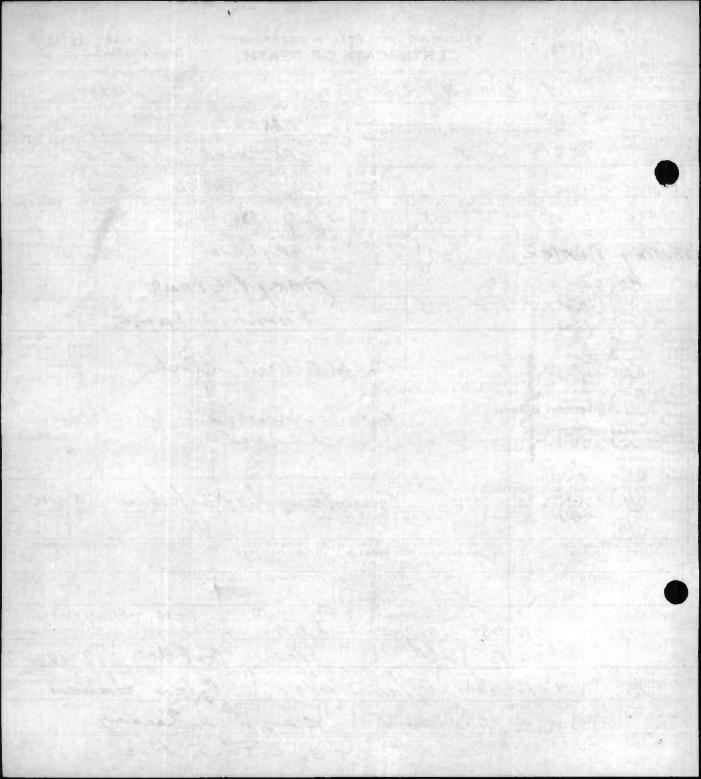
B. L. Printelland

P-12	6109
IRTH NO.	
NAME OF DE	CEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6109

Registered No 2. DATE VERNONN. PHIPPS OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION MFRCY township (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) Il Undst 1 Year If Under 24 House WIDOWED, DIYORCED (Specify) last birthday) Months; Days Hours; Min. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY MARYLAND 100/1R4 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NOREW PHIPPS 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO No. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT 7 - 10 . 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 1950. to_ 6 A.m., from the causes and on the date stated above. deceased alive on_ 2-10-1950 and that death occurred at_ 23A. SIGNATURE 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24d. LOC (State) TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

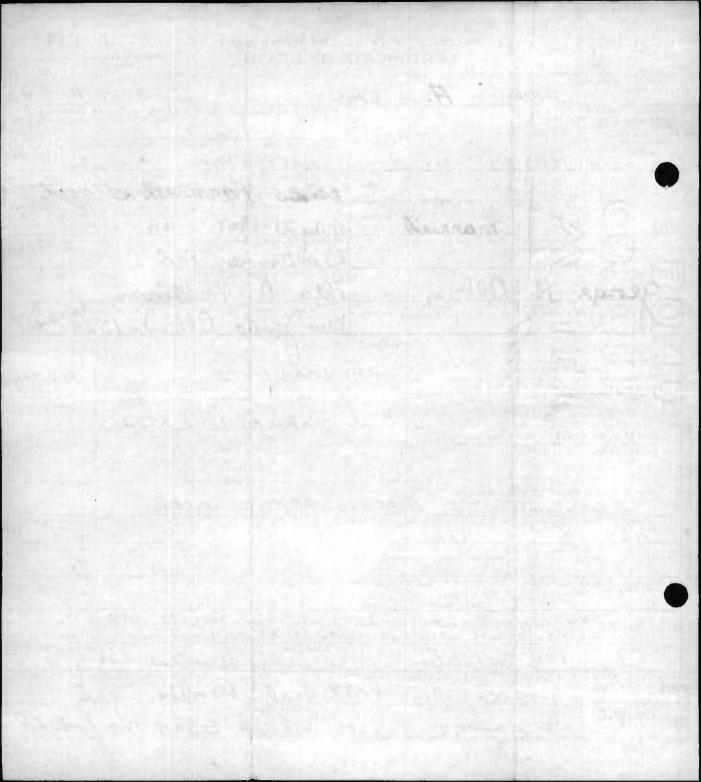


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5(1) (2) (1)	E OF DEATH Registered No. 6110
1. NAME OF DECEASED Durbin D. PARKS	2. DATE OF July 11, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location institution) Union Memorial Hospital	
Yrs. Mos. Days	D. STREET ADDRESS (H rural, give location) 1752 Forrest Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	Q. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
Male White Marking OB LIVE OF BUSINESS OF INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Howard Parks	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Parks-1752 Torner 14
18. 470.1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	onary thrombosis
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY7
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, ferm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described	above, held an Inspection & Inq. thereon and from Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the day stated above, is \square , accident \square , suicide \square , homicide \square , undetermined \square .
	238. CHIEF MEDICAL EXAMINER
BURIAL, CREMA- 24B. DATE 24G. NAME OF CEMETE (IN) REMOVAL (Specify) 114/50 Mayor	ERY OR CHEMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR S305 Harford Ld
VS 151 2 1950	4024 194aV

ALDAN

50 bill BA	LTIMORE CITY HEALTH	DEPARTMENT	00	DILLI
BIRTH NO.	CERTIFICATE OF	DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print) FRANC()	A. ALBAN	2	OF JULY	11,50
3. PLACE OF DEATH: A. Baltimore City, Maryland		JAL RESIDENCE (When	re deceased lived, If insti	tution : residence before admission
B. FULL NAME OF (If not in hospital or institu HOSPITAL OR INSTITUTION	1	MARYLAN YOR TOWN (If out	tside corporate limits, wr	rite RURAL and give
UNIVERSITY	HUSP Yrs. D. STR	EET ADDRESS (If rur		
c. Length of stay in Baltimore	Mos. Days	25 1000	walk to	post
5. SEX 6. COLOR OR RACE 7. SINGI		21-1901	AGE (In years li Under last birthday)	1 Year H Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kied of ork done during most of working life, even if retired)	D OF BUSINESS OR 11, BIR	HPLACE (State or foreign	gn country) 12.	CITIZEN OF WHAT COUNTRY
Salesman	L) a	Itemore	ma	WIAT COOKINT
13. FATHER'S NAME OLORGE W. All	Ella Ella	THER'S MAIDEN NAME	elligan	1
15. WAS PECEASED YER IN U.S. ARMED FORCES? Yes, oo or an oown) (1 yes, give war or dates of service)	16. SOCIAL 17. INF	ORMANT	AA ADDR	Lan.
U	Mas	Jessie M	Man - 15	25 anell
18. 540.0	CAUSE OF DE	ATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	PALEILM	V		1101.
LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase,	.0 10 /24		40 day
ANTECEDENT CAUSES	51.0	APHRAGMAT	10 1051 805	The state of the s
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ING	* easavaa	ic Nunce27	
OTHER SIGNIFICANT CONDITIONS CONTROL TRIBUTING TO THE DEATH, BUT NOT RELA	TED RIEFOINI I	REPTIE UI	CFR	
TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPERATION			20. AUTOPSY?
5-29-50	PEPTIC VLCE			YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		URY OCCUR?	n Baltimore City, give	exact location)
FINJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F	HOW DID INJURY O	CCUR?	
m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended th	e deceased from July	1 , 1950, to JULY	1 11 , 1950, th	at I last saw th
deceased alive on Tuly //, 1950	, and that death occurred at			ate stated above
Edward B Mill	Uclon M.D. Usin	exites Hory	pilal 1	uly 11,50
DOUBLE OF THE PROPERTY OF THE	24C, NAME OF CENETERY OR CE	MAD BO	ation (City, town, of e	ounty (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE 25 FUI	NERAL DIRECTOR	/ AD	DRESS

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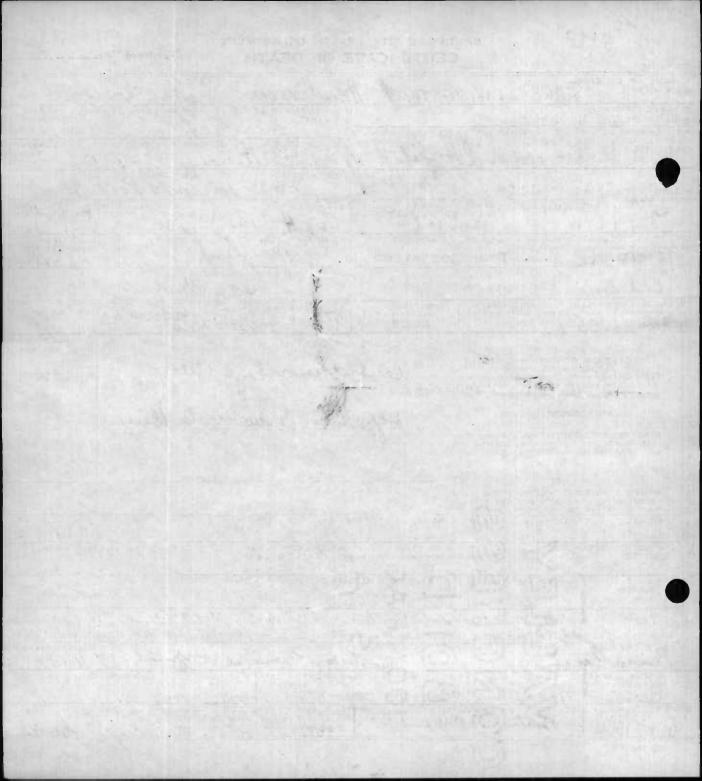
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50	6112
BIRTH NO.	

	50	6112			TIMORE CITY				Regist	ered N		6112
ВІ	RTH NO.				CERTIFICA	AIL OF	DEATH					
	NAME OF ype or Print)		RRY	LIVIA	IGSTON	HEND	lerson		2. DATE OF DEATH	7-	10-	-50
A.		City, Maryl				A. ST	UAL RESIDEN	CE (Who	B. COU			on : residence efore admission
HC	STITUTION		^		bospital	4100	OR TOWN	(If ou		ate limits	s, write I	RURAL and give
c.	Length of	stay in Balt			T.	rs. D. STI	FEET ADDRESS	- 11	count	1	ed	
5.	SEX	6. COLOR O	R RACE	WIDOW	E, MARRIED. PED, DIVORCED (SI	ecify) 8. DA	a.4 190	02	last birthd	lay) Mo	Under 1 Yea nths Da	ys Hours Min.
work Se	elf em		Give kind of m if retired)	-	of Business of Industry portation	R 11. BM	Mary Mary	te or fore	ign country)			IZEN OF IAT COUNTRY
13	FATHER'S	rles L.	Kend	erion		14. M	OTHER'S MAIN		Ward			
15 (Yes	WAS DECEA , no or unknown YES	SED EVER IN U	S. ARMED	s of service)	16. SOCIAL SECURITY N NONE	io. 17 in 463	FORMANTI YE 5 Harcoi	n B.	Hende:	rsoñ	DDRESS	
	18. 41	12 V			CAU	SE OF DE		72 10				ERVAL BETWEE
	DISE	2 /									ONS	ET AND DEAT
	DISE		DITION	DIRECTIV								
	(m) : 1	LEADING	TO DEA	DIRECTLY	Con	me h	morha	((elt)			
	heart fai	LEADING pes not mean thilure, asthenia, e	TO DEA' ne mode o	TH of dying, e. s ons the diseas	E., (A) Cer	ebrol he	morrha	ge (left)	••••••		
	heart fai	LEADING bes not mean th	TO DEA' ne mode o	TH of dying, e. s ons the diseas	e, (A) Ceru	buse he	morrha	ge (left)			
	heart fai	LEADING pes not mean thilure, asthenia, e	ne mode of etc. It mea which o	TH of dying, e. g ins the diseas caused death	e, (A) Cer v	ebre he	morrha	ge (left)			
Z	heart fai injury o	LEADING pes not mean the ilure, asthenia, e pr complication ANTECEDE	TO DEA' ne mode of etc. It mea which o	TH of dying, e. s ons the diseas caused death	(A) Ceru	bertense	in ortho	ge (vosci	left) elar D	isea	•	
TION	heart fai injury o	LEADING pes not mean the ilure, asthenia, e or complication	TO DEA' ne mode of etc. It mea which of	TH of dying, e. g ons the diseas caused death SES F ANY, GIVIN	10	bre he pertensi	imorrha	ge ('left) ular W	isea	•	
ATION	heart fai injury o	LEADING pes not mean the control of the complete control of the co	TO DEATHER MADE OF THE MADE OF	TH of dying, e. g ons the diseas caused death SES F ANY, GIVIN STATING TH	10	pertense	imorrha	ge (left) elar hl	ises	٥	
ICA	heart fai injury o	LEADING on not mean the strength of complication ANTECEDE SES OR CONDITHE ABOVE CO.	TO DEATHER MADE OF THE MADE OF	TH of dying, e. g ons the diseas caused death SES F ANY, GIVIN STATING TH	HE DUE TO		imorrha	ge (voice	left) ulan hl	ises	•	
IFICA	heart fai injury o DISEAS RISE TO UNDERI	LEADING ses not mean the liture, asthenia, cor complication ANTECEDE! EES OR CONDITIES ABOVE C. LYING COND	TO DEA' ne mode of etc. It mea which of NT CAUS TIONS, 11 AUSE (A) ITION LA	TH of dying, e.g. ins the disease caused death SES F ANY, GIVIN STATING TH ST.	(C)		imorrha	ge ((left) ulan ho	ises	٥	
ERTIFICA	DISEAS RISE TO UNDERI	EEADING os not mean the lure, asthenia, or complication ANTECEDED THE ABOVE C. LYING COND SIGNIFICAN. NG TO THE DE.	TO DEATHER MODE OF THE MODE OF	TH of dying, e. 1 ms the disease caused death SES F ANY, GIVIN STATING TH STATING TH NOT RELATI	(C)		morche ve Cardio	ge ((left) ular ho	ises		
IFICA	DISEAS RISE TO UNDERI OTHER TRIBUTII TO THE	LEADING ses not mean the liture, asthenia, correction ANTECEDE! ES OR CONDITION THE ABOVE C. LYING COND SIGNIFICAN: DISEASE OR C.	TO DEA' ne mode of etc. It mea which of TIONS, 11 AUSE (A) ITION LA I T CONDI ATH, BUT ONDITION	TH of dying, e. g. ins the diseas eaused death SES F ANY, GIVIN STATING TH ST. ITIONS CON NOT RELATE I CAUSING I	(C)		morrha			ises		AllTOPSV2
CERTIFICA	DISEAS RISE TO UNDERI OTHER TRIBUTII TO THE	EEADING os not mean the lure, asthenia, or complication ANTECEDED THE ABOVE C. LYING COND SIGNIFICAN. NG TO THE DE.	TO DEA' ne mode of etc. It mea which of TIONS, 11 AUSE (A) ITION LA I T CONDI ATH, BUT ONDITION	TH of dying, e. g. ins the diseas eaused death SES F ANY, GIVIN STATING TH ST. ITIONS CON NOT RELATE I CAUSING I	(C)					isea	20	AUTOPSY?
CERTIFICA	DISEAS RISE TO UNDERI OTHER TRIBUTII TO THE	LEADING ses not mean the liture, asthenia, correction ANTECEDE! ES OR CONDITION THE ABOVE C. LYING COND SIGNIFICAN: DISEASE OR C.	TO DEATH ME ME MODE CO. IT ME MAUSE (A) ITION LA TION LA TI	TH of dying, e. g. ins the disease eaused death SES F ANY, GIVIN STATING TH STATING TH STATIONS CON NOT RELATE CAUSING 19 9B. MAJOR	(C)	DPERATION					20 YE	S No
EDICAL CERTIFICA	DISEAS RISE TO UNDERI OTHER TRIBUTII TO THE 19A. DATE	DESCRIPTION OF OPERATION (Specify)	TO DEATHER ME MODER OF THE ME MODER OF THE ME	TH of dying, e. g. ins the disease caused death SES F ANY, GIVIN STATING TH STATING TH ICAUSING I 9B. MAJOR 21B. PLA about home, f	(C)	DPERATION e. g., in or 21 bldg.,etc.)	c. WHERE DID JURY OCCUR?) (lf :	in Baltimore		20 YE	S No
CERTIFICA	DISEAS RISE TO UNDERI OTHER TRIBUTII TO THE 19A. DATE	LEADING ses not mean the liture, asthenia, correction ANTECEDE ES OR CONDITION THE ABOVE C. LYING COND SIGNIFICAN: NG TO THE DE. DISEASE OR C. OF OPERATIO (Specify) (Month) (Da	TO DEATHER ME MODER OF THE ME MODER OF THE ME	TH of dying, e. g. ins the disease eaused death SES F ANY, GIVIN STATING THAT. STATING THAT. ITIONS CON NOT RELATE CAUSING 199B. MAJOR 21B. PLA about home, f	(C)	DPERATION e. g., in or 21 bldg.,etc.) IN	c. WHERE DID) (lf :	in Baltimore		20 YE	S No
EDICAL CERTIFICA	DISEAS RISE TO UNDERI OTHER TRIBUTII TO THE 19A. DATE 21A. ACCIE HOMICIDE	LEADING best not mean the lure, asthenia, correction and the lure, asthenia, correction and the lure, asthenia, correction and the lure	TO DEAT ME ME MODE C. It mea which control of the c	TH of dying, e. g. ins the disease aused death SES F ANY, GIVIN STATING THAT. S	CE OF INJURY (arm, factory, street, office Z1E. INJURY OCC WHILE AT NOT WORK AT	DPERATION e. g., in or 21 bldg., etc.) IN URRED 21 WHILE	C. WHERE DID JURY OCCUR? F. HOW DID IN) (If :	in Baltimore	e City, g	20 YE	o. AUTOPSY? s No Let location)
EDICAL CERTIFICA	DISEAS RISE TO UNDERI OTHER TRIBUTII TO THE 19A. DATE 21A. ACCIE HOMICIDE 11D. TIME INJURY	LEADING Ses not mean the liture, asthenia, correction and the liture, asthenia, correction and the liture, asthenia, correction and the liture and the litur	TO DEAT me mode of the mode of	TH of dying, e. g. ins the disease raused death sease	CC OF INJURY OCC WHILE AT NOT WORK AT W deceased from	DPERATION e. g., in or 21 bldg.,etc.) IN URRED 21 VHILE ORK	c. WHERE DID JURY OCCUR? F. HOW DID IN	NJURY (in Baltimore	e City, g	2C YE	AUTOPSY? S No C to location) I last saw th
EDICAL CERTIFICA	OTHER TRIBUTII TO THE 19A. DATE 21A. ACCIE HOMICIDE 1D. TIME INJURY	LEADING DESCRIPTION (Specify) (Month) (Day of the late of the lat	TO DEAT me mode of the mode of	TH of dying, e. g. ins the disease raused death sease	CE OF INJURY (arm, factory, street, office Z1E. INJURY OCC WHILE AT NOT WORK AT	DPERATION e. g., in or 21 bldg.,etc.) IN URRED 21 VHILE ORK	c. WHERE DID JURY OCCUR? F. HOW DID IN , 19	NJURY (in Baltimore	e City, g	20 ye exactive exact.	o. AUTOPSY? s No Let location)
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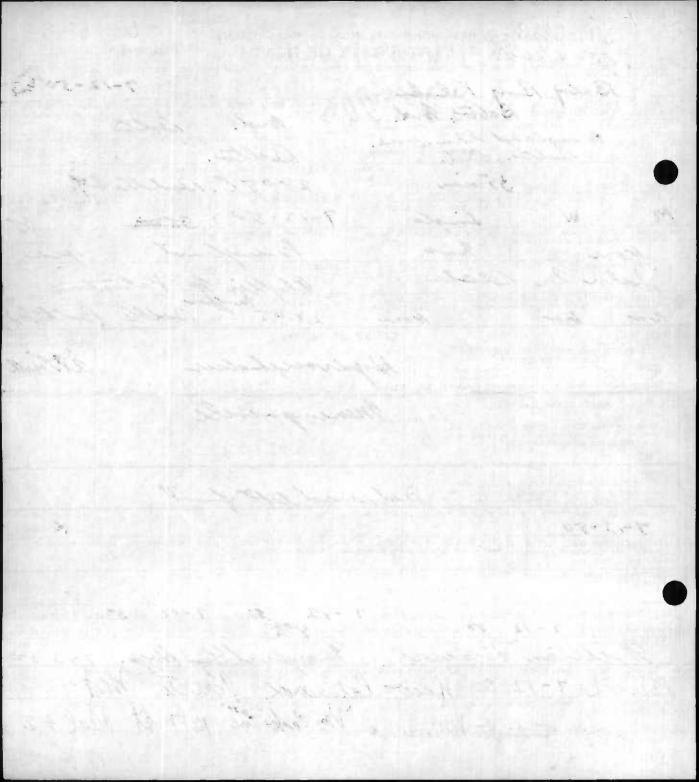
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1	13-4:	50 6113	BALT	IMORE CITY H	EALTH DEPARTMEN	т	50 61	13
В	IRTH NO.	50-14049	/	CERTIFICAT	E OF DEATH	Regist	tered No	
	NAME OF Daype or Print)	Baly A	m 13	lake		2. DATE OF DEATH	7-12-	5-0
Α.	Baltimore (City, Maryland	Selfor al or institution	And	4. USUAL RESIDENCE A. STATE	(Where deceased I		n : residence efore admission)
	OSPITAL OR	Maylan	1 Se	location)	C. CITY OR TOWN	(If outside corpora	ate limits, write R	URAL and give township
7	Outh of	1 ' D-14'	46-	Yrs. Mos.	D. STREET ADDRESS	(If rural, give loca	tion)	,
-0-10-	SEX	stay in Baltimore	7. SINGLE.		8. DATE OF BIRTH	9. AGE (in y	eurs If Under I Year	If Under 24 Hours
	M	W	Lin	D, DIVORCED (Specify)	7-12-50	355	Months Day	Hours Min.
10 wor	A. USUAL OC k done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	F BUSINESS OR INDUSTRY		r foreign country)		ZEN OF AT COUNTRY
13	B. FATHER'S	NAME 3	120 al	L	14. MOTHER'S MAINEN	NAME	1-	•
15	S. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	I6. SOCIAL	Phyllis	m ra	elorater	2
(Ye	M, no or unknown)	(If yes, give war or dete	s of service)	SECURITY NO.	17. INFORMANT 28 05 E	· 13ed	Me B	chilas
	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which	TH of dying, e.g., ons the disease,	CAUSE (A) OUE TO	OF DEATH	les	INTE	RVAL BETWEEN T ANO DEATH
FICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE		mingred	:le		
ERTI	TRIBUTING	II SIGNIFICANT COND G TO THE OEATH, BUT	NOT RELATED	2100		1 1		
C		OF OPERATION 1		INDINGS OF OPER	RATION		20.	AUTOPSY?
CA	7-/	2-50	1 210 PLAC	E OF INTURY (Late wasps pip	(18 to D-14)		NO [
MEDI		R CONTRIBUTING DEATH	about bome, far	E OF INJURY (e. g., i m,fectory,street, office bldg.,	etc.) 21C. WHERE DID	(II In Daitimore	City, give exact	location)
-	210. TIME F INJURY	(Month) (Day) (Year	WH	ILE AT NOT WHILE		RY OCCUR?		
	22. I hereb	y eertify that I at	ended the d	eceased from 7	-/2 , 1950, to	7-12	, 19.5 7 that I	last saw the
	deceased a	live on 7 - /2	_, 19 ar		rred at 42 m., from	the eauses and		stated above.
	5/2	elliam	X-60	esu M.D.	maryland	Hen Ar	16. 75	12-50
TI	ON MEMOVAL (S	CREMA- 248. DATE Specify) 7-12	-50	C. NAME OF CEMET	thousand 240	Jallo	y, town, or count	(State)
	ATE RECEIVE	RAR	S SIGNATUR		Way Cash June	12/7 1	H Faul	£ 2
	JUL 1ap 2	1950 America	, cro 42 ligaja	College Colleg	5111		157	1a_



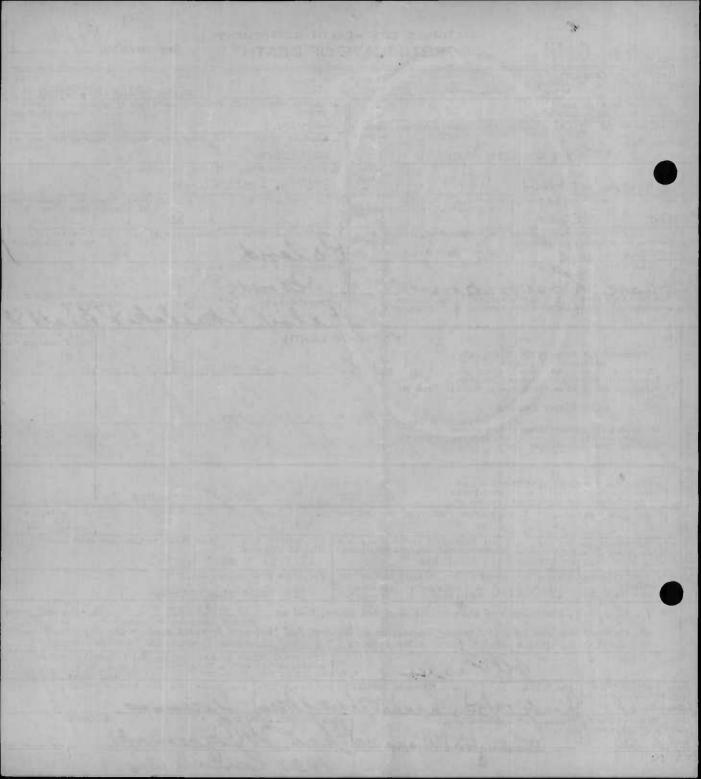
BIRTH NO.50 6114

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

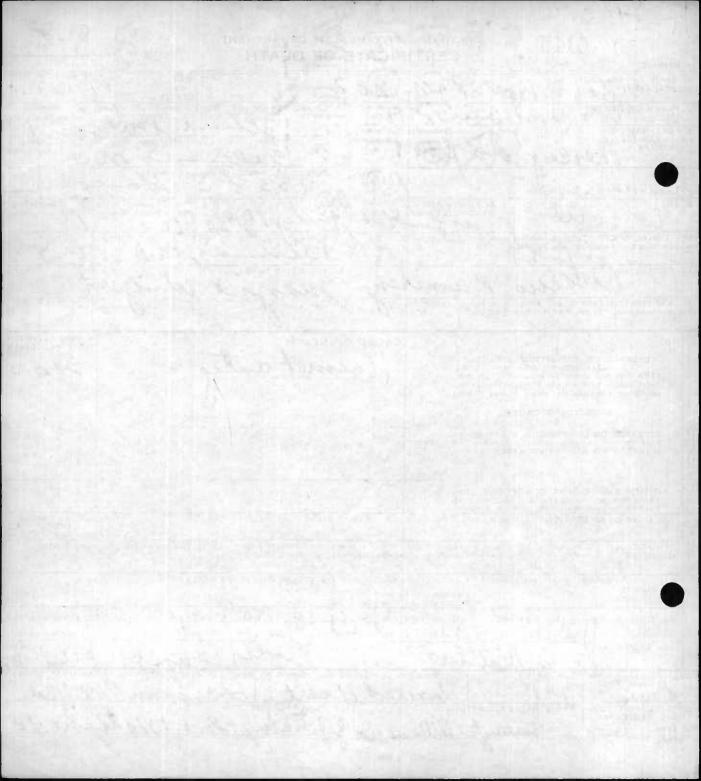
6114

Registered No.

_					
	NAME OF DECEASED Type or Print) FRANCES EKIELSKA			2. DATE OF DEATH July	10. 1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	E (Where deceased lived, If	
в.	FULL NAME OF (If not in hospital or institution, give st	reet address or	Maryland		
	OSPITAL OR NSTITUTION	location)	C. CITY OR TOWN	(If outside corporate limits	s, write RURAL and give
11	Johns Hopkins Hospital		Baltimore	2	d 2 township
		Yrs.	D. STREET ADDRESS	(If rural, give location)	
	Length of stay in Baltimore	Mos. Days	1747 E. Prat		
	. SEX 6. COLOR OR RACE 7. SINGLE, MARRII WIDOWED, DIVO	ED, RCFD (Specify)	B. DATE OF BIRTH	9. AGE (In years Mo	Under 1 Year H Under 24 Hours nths Days Hours Min.
er	male white	(5,000,00)	March	64	Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of 108. KIND OF BUS		BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
OF	Adone during most of working life, even if retired)	INDUSTRY	42 12 1		WHAT COUNTRY
13	FATHER'S NAME.		4. MOTHER'S MAIDEN	N NIAME	
7			O. MOTHER'S MAIDE	NAME	
C	object a arompour	121	ans		
15 Ye	5: WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC se, no or unknown) (If yes, give war or dates of service) SEC	URITY NO.	INFORMANT	A AI	VORES9 -
	320	6	4 of in/ L	keelski ?	B. HC
	18. 420 /	CALISE	E DEATH	700007	INTERVAL BETWEEN
ı	-/ 10 / 1	CAUSE O	r DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
Ε	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	, Arterio	sclerotic card	diovascular dise	ea se
	injury or complication which caused death.) DUE	то			
•	ANTECEDENT CAUSES				4 . 65
	////	, Coronar	y insufficience	cy	
2	DISEASES OR CONDITIONS, IF ANY, GIVING	,			***************************************
Ĭ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE UNDERLYING CONDITION LAST.	10			
4	(С)	•••••••••••••	***************************************	
	II				
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	77	0 ~11		
H H	TO THE DISEASE OR CONDITION CAUSING IT.	Fractur	e of 5th cerv	lcal vertebra	
U	19A. DATE OF OPERATION 19B. MAJOR FINDING	S OF OPERA	TION		20. AUTOPSY?
ì					YES X NO
S.	21A. EXTERNAL CAUSE WAS 218. PLACE OF IN			(If ln Baltlmore City, g	ive exact location)
ā	UNDERLYING OR CONTRIB. about home, farm, factory, UTING CAUSE OF DEATH. home	street, onice bidg., exc		ratt Street	
진		RY OCCURRED	-		
	INJURY 10 1050 / 50 D WHILE AT	NOT WHILE			
					.1
	22. I certify that I took charge of the remains	described ab	ove, held an	autopsy osy. Inspection or Inquiry	thercon and from
	the evidence obtained by said Autopsy, Ins.	pection or In	quiry, find that said	d deccased died on the	e day stated above
	and death in my opinion resulted from: na	tural causes	🗌 , <u>accident</u> 🖾 , suic	ide 🗌, homicide 📋, ur	ndctermined .
	23A. SIGNATURE			AL EXAMINER 230	
	1 morshe	M.E	MEDICAL INVESTI	GATOR JU	ly 11, 1950
	4A. BURIAL, CREMA- 24B. DATE 24C. NAM	E OF CEMETER	OR CREMATORY 24	D. OCATION (City, town,	or county) (State)
6	ON, REMOVAL (Specify)	100/	cetal Mas	Dalle	
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	THE PARTY OF	5 FUNERAL DIRECTO	OR *	ADDRESS F
	OCAL REGISTRAR //	1	2/ 05/1	7	1
4	121950 4 The town William	MAN MANY	Red IV	Bazensky	1//
V	S 151		1020 8-	600	920
	a but the		1430 Cal	way way	124



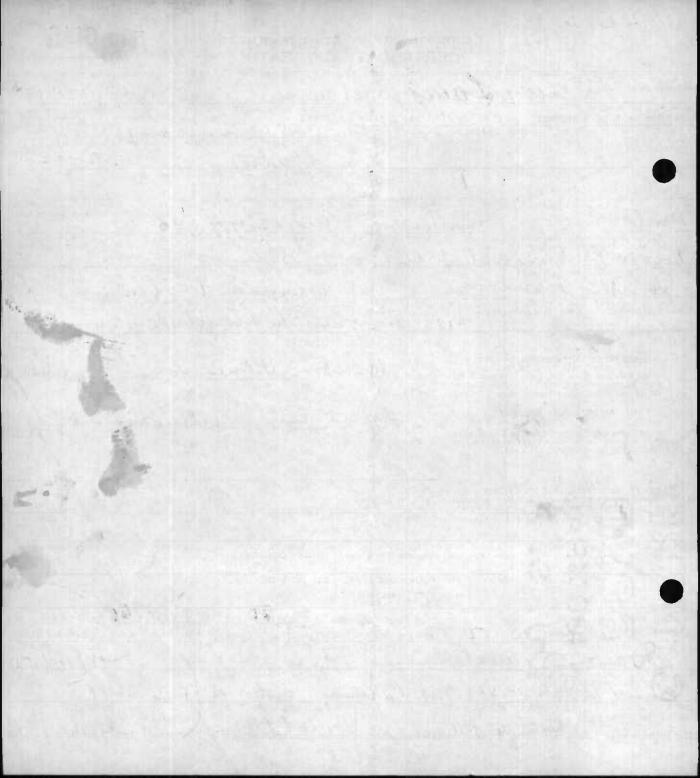
ameren 50 6115 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Marclan A STATE B. COONTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location Y15. Mos. c. Length of stay in Baltimore Dava 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months Days WIDOWED, DWORCED (Specify) Hoursi Min. E (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR 12. CHAZEN OF vork done during most of working life, wen if retired) INDUSTR 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no or nuknown) INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from . 19 that I last saw the 1. 30 Am. from the causes and on the date stated above. deceased alive by and that death occurred at 23A. SIGNATURE 23B. ADD 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATUR 25. FUNERAL DIRECTOR LOCAL REGISTRAR



W-45 2 50 6116 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6116

BIRTH NO. CERTIFICATE OF DEATH Registered No.
1. NAME OF DECEASED OF 12. DATE OF DECEASED OF THE PROPERTY OF
(Type or Print) Relky Arues Welliams DEATH My -10-19
3. PLACE OF DEATH: A. Baltimore City, Maryland 6 CC W Conway A. STATE B. CONTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or 655 W Convocat
HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Proft.
Yrs. D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore
C. Hength of Stay in Baitimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years 1) Under 1 Year 1) Under 24 Hours
MIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) WHAT COUNTRY
Rigger-Pil Driving Walesforte S.6
13. FATHER'S NAME
James Jelmore Emma Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 4 ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 183-12-4243 6 auch Lloyd (5.5 u) Consers.
100 12 118
18. 3 3 X INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY
(This does not mean the mode of dying, e.g., (A) Oerebra Wellumber 23 day
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO
ANTECEDENT CANODO
Z ANTECEDENT CAUSES ANTECEDENT CITETIS Schange
DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.
(C)
OTHER SIGNIFICANT CONDITIONS CON.
世 TRIBUTING TO THE DEATH, BUT NOT RELATED U TD THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
VES NO
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?
HOME DE (Special)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE
m. WORK AT WORK
22. I hereby certify that I attended the deceased from 197, to 10, 199, that I last saw th
deceased alive on 10, 19 To and that death decurred at 7, m., from the dauses and on the date stated above
23A. SONATURE 23C. DATE SIGNED
Vant rangelling. In the of 11/1/50
24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
Buride July 14.5 Mr Caliny Cant AH Co Mos
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS
11
UL 1,2,1950 many alon / Musus, M. Dellich a now you mong a ning or
VS 150 73a.



238. ADDRESS 24C. NAME OF CEMETERY OR CREMATORY

Mt Arburn Cem.

Baltimore City 25. FUNERAL DIRECTOR

and that death occurred at 1230 m From the causes and on the date stated above. 24D. LOCATION (City, town, or county)

Burial DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

deceased alive on___ 23A. SIGNATURE

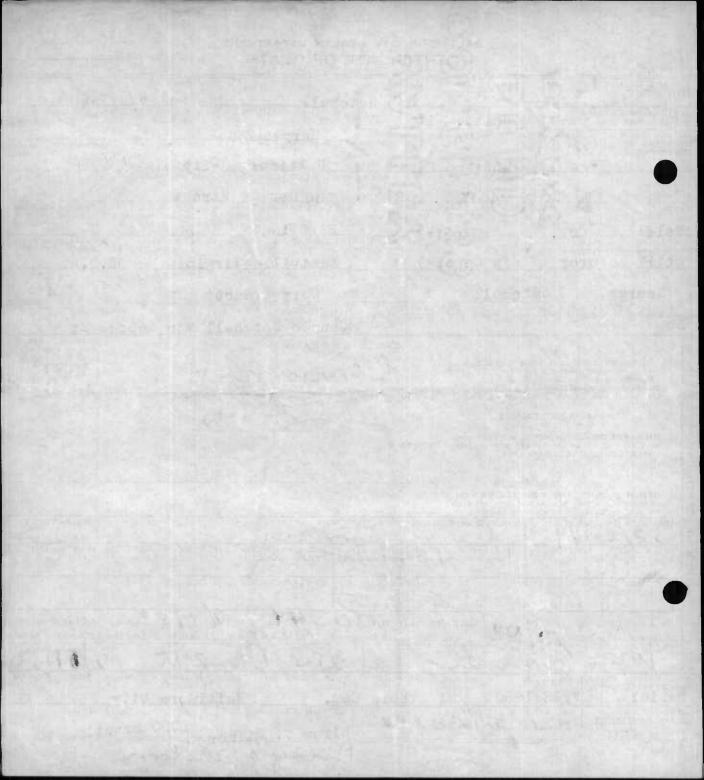
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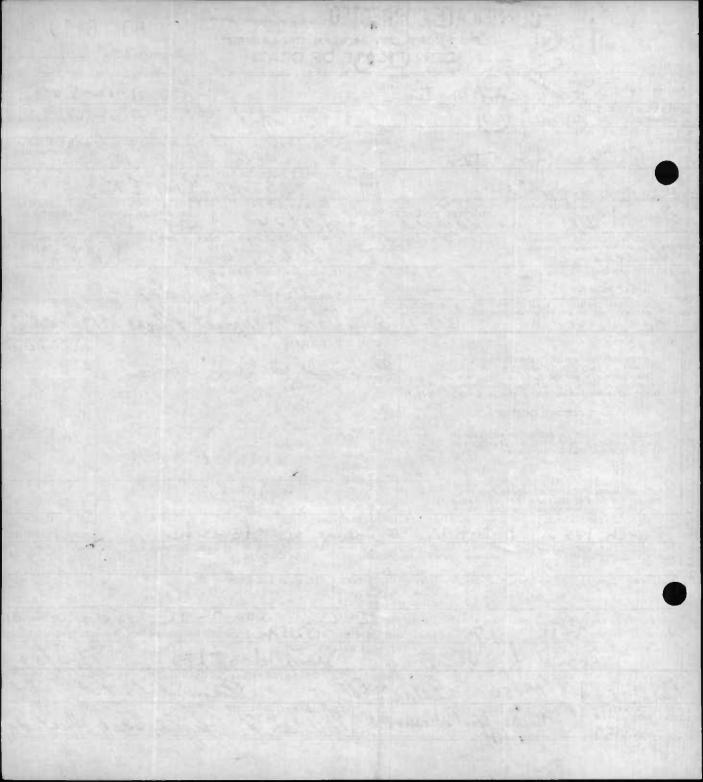
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23c DATE IGNED



	EALTH DEPARTMENT
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
I. NAME OF DECEASED (Type or Print) BERNICE JOHN:	SON 2. DATE OF DEATH July 9, 1950
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE b. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of	Maryland
HOSPITAL OR location INSTITUTION Johns Hopkins Hospital	township
Yrs.	Baltimore 6-04-
c. heigth of stay in Baltimore 2I Yrs. Mos. Days	417 N. Ann Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	
Female Colored Married 10A. USUAL OCCUPATION (Givekinde) 10B. KIND OF BUSINESS OR	11. EIRTHELACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY
Housewife At Home	Norfolk Virginia V.S.A. 14. MOTHER'S MAIDEN NAME
Solmon L. Banks	Helen Jenkins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yea, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No	Helen Jenkins 417 N. Ann St
18. £ 982X; CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	ple stab wound of chest, neck,
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	d back
ANTECEDENT CAUSES	4-
Lacer	ation of heart
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
214 EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. about home, farm, factory, street, office bldg., Street	
21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
July 9, 1950 9:15 P.m. WHILE AT NOT WHILE AT WORK	
22. I certify that I took charge of the remains described	above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural cause	s \square , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER July 10, 1950
24a. BURTAL. CREMA- 24B. DATE 24C. NAME OF CEMETE	A DI MEDICINE INVESTIGATORI DE LA CONTROL DE
TION, REMOVAL (Specify)	
Burial 17/13/1950 Mt Calvery Control Date Received By Registrar's Signature	Effoklyn A.A.Co.MD
LOCAL REGISTRAR	el l'O Brantiy Me
VS 151	Chry O. Wilson
N-861.20	167

50 6119 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEMBER 2. DATE (Type or Print) OF -12-50 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR POWN (If outside corporate limits, write RNRAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (in years II Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Marries 10A. USUAL OCCUPATION (Givekiodof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done deriog most of working life, eyen if retired) SA COUNTRY INDUSTRY Housewrie 13. FATHER STNAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or ookoowo) SECURIT INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIFIC (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL Metasto carcinama of NO L 1950 Stomac 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 5-22 1950 to 7 - 12 , 195, Ohat I last saw the 19 50 and that death occurred at 5:35 Am., from the causes and on the date stated above. deceased alige on 1-12 23c. DATE SIGNED 23A. SIGNATURE LOCATION (City, town, or county) (State) 24A. PURIAL, CREMA-24c. MAME OF CEMETERY OR CREMATORY 24D 24B. hales urial 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATUR LOCAL REGISTRAR VS 150



BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6120

	NAME OF D ype or Print)		uok Tri	eheart		2. DATE OF DEATH Jul	7 10, 1950
A.		city, Maryland			A. STATE	NCE (Where deceased lived, I B. COUNTY	institution : residence before admission)
	FULL NAME	OF (If not in hospi	tal or institu	tion, give street address of location	1	none	
	STITUTION	5202 Pur	lingtor		Baltimore	(If outside corporate limi	ts, write RURAL and give township)
				life Yrs.	D. STREET ADDRE	SS (If rural, give location)	
		tay in Baltimore		Mos. Days			
	emale	6. COLOR OR RACE	WIDOV	E. MARRIED, NED, DIVORCED (Specif		last birthday) M	if Under 1 Year on the Days Hours Min.
		CUPATION (Give kind of	wide	D OF BUSINESS OR	October 13.	1866 83	LIA CITIZEN OF
rork	done during most	working life, even if retired) TOB. KIN	INDUSTR		tate of foreign country)	12. CITIZEN OF WHAT COUNTRY:
	none				Baltimore,		U. S.
13	. FATHER'S	IAME			14. MOTHER'S MAI	DEN NAME	
15		Hezikiah Bes				erine Hoover	
(Yes	, an or unknown)	D EVER IN U, S. ARME (If yes, give war or dat	es of service)	16, SOCIAL SECURITY NO.	J. Norman Wr		lington Way
	18. 47	2-1		CALICE	OF DEATH		INTERVAL BETWEEN
	/ '	1			The state of	000-1	ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH	///	Vista SaVin	whi (Indias. Nia	100 2111
		not mean the mode re, asthenia, etc. It me			con con	Co-leve Company	- yu
	injury or	complication which	caused deat	h.) DUE TO	0 1-1	1	
		ANTECEDENT CAU	SES		1. 1. 11/1	VIII	17
-				(B)		www.	019
ATION	DISEASES	OR CONDITIONS.	IF ANY, GIVI	NG	A	/	
E	UNDERLY	HE ABOVE CAUSE (A	AST.	HE DUE TO	a Chrone	Il murre have	100
U				(C)	- CV Juni	J. 17 1 SSW 1 194 1 194 1	199
L		11			7.		
ERT		IGNIFICANT CONE					
S S		TO THE DEATH, BUT					
		F OPERATION		R FINDINGS OF OPE	RATION		20. AUTOPSY?
A							YES NO
EDICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., farm, factory, street, office bldg	in pr 21c. WHERE DI		give exact location)
ME	CAUSE OF	R CONTRIBUTING DEATH	unous nome	, w. m. 1			
-		(Month) (Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?	
	INJURY		-	WHILE AT NOT WHILE	E		
			m.			V. Gel 111 101	1
		y certify that I at			an 1 - , 1940		E, that I last saw the
			, 195./	and that death becau		from the causes and on	
	23A. SIGNA	TURE / 2	11/01	10000	238. ADDRESS	. D33	23c. DATE SIGNED
1	MAN	ang 11-1	www	M. D.	2604 Garriso	U DTAG.	7 - 11 - 50
24 TIC	N, REMOVAL (S	REMA- 2AB. DATE		24c. NAME OF CEMET	ERY OR CREMATORY	24D. LOCATION (City, town	n, or county) (State)
	burial	7 - 13	- 50	Loudon Park		Baltimore, Md.	
	ATE RECEIVE		S'S SIGNAT		25. FUNERAL DIRE	CTOR	ADDRESS
LC	DCAL REGIST	KAR	1 6	(1)11	John O.Mitch	ell & Sons, Inc	1900 Eutaw Pl.
Ħ	1 9 1951	Tout	100	MILELLIA MA	Maht	m k mitalia	1/
U	VS 150	710000	4		, funes	" / Juneall	927
				I'm May	-d. /1/220	1-	12%
			7		W 6 15-4	V /	TONY VI

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BALTIMORE CITY HEALTH DEPARTMENT

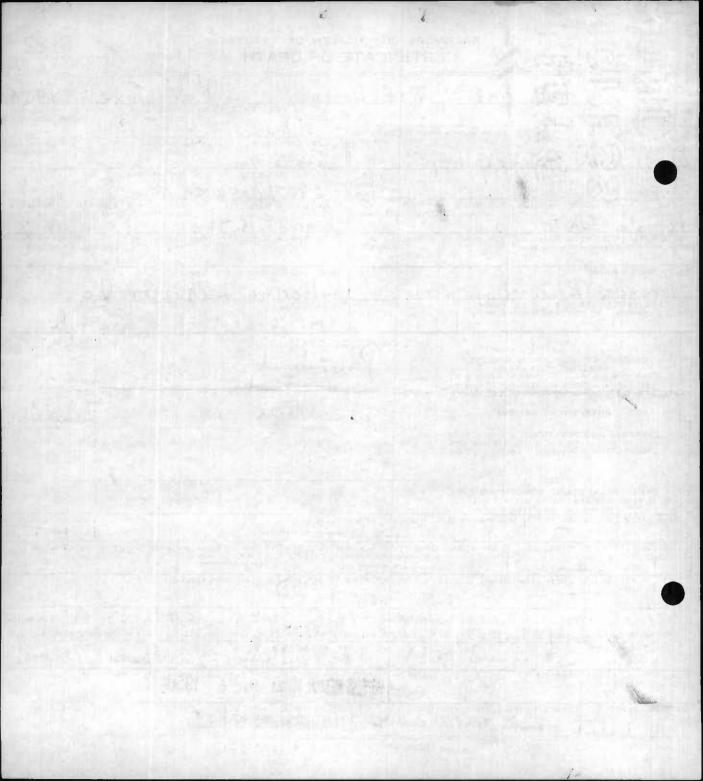
50 6121

BIRTH NO. CERTIFICA	TE OF DEATH Registered No.
1. NAME OF DECEASED ARRY LIN WOOJ	PRICE 2. DATE OF July 11,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived Unstitution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address hospital or institution, give street address location institution 2605 Roya Oak Arenu	on) C. CLTY OR TOWN (If outside corporate limits, write RURAL and give
c. Length of stay in Baltimore	s. D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH 9. AGE (In years if Under I Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork dotted) and of ork dotted up the most of working life, even if retired) www.	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
MOYACQI PYICE	Patheyine Turney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no of whitnown) (If yes, give war or dates of service) SECURITY NO	Mrs. Mabel Price, 2605 Royal Carave-7-
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	riosclerotic cardio-vascular disease 10 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	e hral Hemorrhage lyear
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	PERATION 20. AUTOPSY?
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. about home, farm, factory, street, office bit	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU WHILE AT NOT WH AT WO RK AT WO	ILE
	curred at # 2 m., from the causes and on the date stated above
Mullard Malord M. D. 24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)	3400 Wood bine Hx. Lalt, 1, Md 7/11/50
burial 7 - 13 - 50 Chesterfield DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	John O. Mitchell & Sons, Inc 1900 Eutew Place

· 14 元 1964年 1950年 1964年 1965 19

Toront of the contract of the

Market Market	520						
BI	50 612 RTH NO. 50-13 15	2			E OF DEATH	Registered No.	6122
1.	NAME OF DECEASED	Patheri	ne L	atrue D	own S	2. DATE OF OEATH JUNE	29.1950
A.	PLACE OF DEATH: Baltimore City, Mar FULL NAME OF (If:	yland			4. USUAL RESIDENCE ()		itution; residence before admission)
HC	SPITAL OR STITUTION	Gener	1.1/	location)		f outside corporate limits, w	rite RURAL and give township)
十十	Length of stay in Ba		ar mos	Yrs. Mos.	D. STREET ADDRESS (If 295-9 Nes 4	rural, give location)	
-		OR RACE 7.	SINGLE, MA WIDOWED,	Days ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH		1 Year H Under 24 Hours Days Hours Min.
	A. USUAL OCCUPATION done during most of working life,		B. KIND OF	BUSINESS OR INOUSTRY	11. BIRTHPLACE (State or f	oreign country) 12.	CITIZEN OF WHAT COUNTRY?
C	larence E	lroy D	o w n	s Jr.	Katherine L	a Rue Groth	e
15 (Yes	. WAS DECEASED EVER IN , no or unknown) (If yee, gi	U, S, ARMED FO	RCES? 16	SECURITY NO.	nother	Sa	me.
7	(This does not mean heart failure, astheni injury or complicati	the mode of di a, etc. It means t	ying, e.g., he disease,	(A)	of DEATH undind.		INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON	CAUSE (A) STA		DUE TO			
RTIF	OTHER SIGNIFICA	II NT CONDITIO	NS CON-	(C)			
CE	TRIBUTING TO THE I TO THE DISEASE OR 19A. OATE OF OPERA	CONDITION CA	USING IT.	DINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUIC			OF INJURY (e.g.,		If in Baltimore City, give	YES NO exact location)
MED	HOMICIDE (Specify		_	actory, street, office bldg.,		V OCCUP?	
	INJURY (Month) (m. WHILE	K AT WORK			
	22. I hereby certify deceased alive on_	that I attend	led the dec	eased from 6	rred at 5 40 Am., from to	the causes and on the c	hat I last saw the late stated above.
	23A SIGNATURE	Rim	-9 V	M. D.	manual () will a	Zun. Hage.	3c. PATE SIGNED
710	A. BURIAL, CREMA- 2 DN, REMOVAL (Specify)	4B. DATE	240.	NAME OF CEMET	FRANCIE SCHOOL JUL 6	1950 (City, Kown, or	county) (State)
L	ATE RECEIVED BY RECEAL REGISTRAND	EGISTRAR'S S	4 1211	liams, Me	COMMISSIONER OF	ealth and	DDRESS
	VS 150	.98%		Manual Comment	8 1 2 3	rh.	159

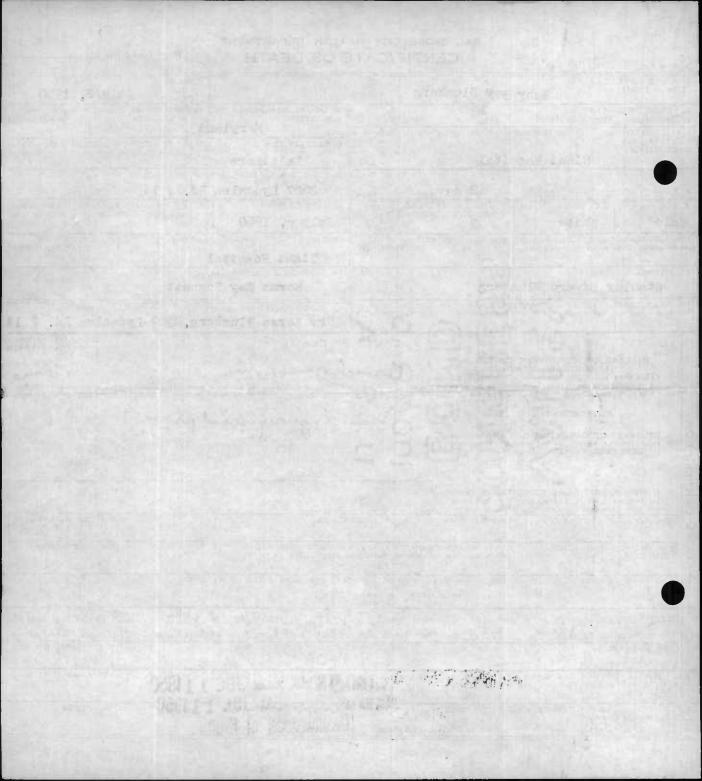


BALTIMORE CITY HEALTH DEPARTMENT

50 6123

BIRTH NO.	50-13600		CERTIFICATI	E OF DEATH	Register	ed No.
1. NAME OF D (Type or Print)	ECEASED	Boy Bl	umberg		2. DATE OF DEATH	July 8, 1950
	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)		
B. FULL NAME HOSPITAL OR INSTITUTION	Sinai Hospita		cion, give street address or location)			limits, write RURAL and give
Length of s	stay in Baltimore		days Yrs. Mos. Days	D. STREET ADDRESS (I 2007 Lydonle		n)
Male	6. COLOR OR RACE	7. SINGL. WIDOV	E. MARRIED. VED, DIVORCED (Specify)	July 6, 1950	9. AGE (In year last birthday)	Months Days Hours Min.
OA. USUAL OC ork done doring most of	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Sinai Hospit.		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S N	y Edward Blum	berg		14. MOTHER'S MAIDEN NAME Norma Ray Bennett		
5. WAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Norma Blum	berg, 2007 L	ADDRESS ydonlea Rd. # 14
(This does heart failt injury or DISEASE. RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	F dying, e. ns the disea: aused death deat	(B) Bring	hopenemoria injury (a	t prove) a days
TO THE D	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED IT			
	ENT. SUICIDE, (Specify)	218. PL	FINDINGS OF OPER ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore Ci	20. AUTOPSY? YES NO (ity, give exact location)
PRULINI		m. ended the	and that death occur	21F. HOW DID INJUF	8 July , 1	950, that I last saw the on the date stated above
24A. BURIAL. (S	CREMA- Specify)		M. D. 24C. NAME OF CENERAL		111950	own, or county) (State)
DATE RECEIVE	RAR O	S SIGNATU		Commissioner of He	1 1 1950;	ADDRESS

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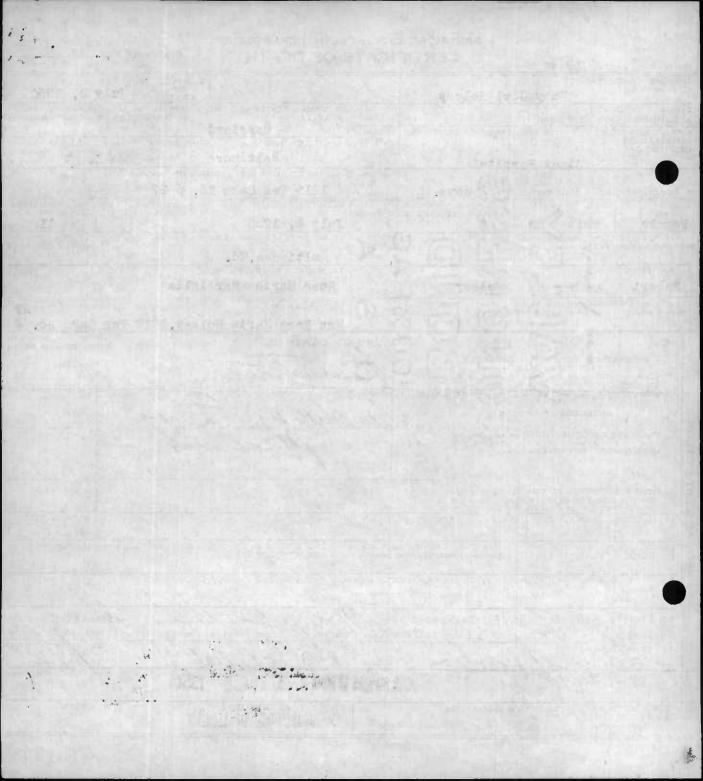


50 6124

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6124

DIDTL	NOTO	13286		CERTIFICATI	E OF DEATH	Registered	No.		
1. NA	ME OF D					2. DATE			
(Type	or Print)	Baby G:	rl Hol	set		0.77	July 3, 1950		
3. PLA	ACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. B. COUNTY	If institution: residence before admission)		
B. FUL	L NAME		al or institut	ion, give street address or	Marylan		Te a way		
	TUTION			location)			nits, write RURAL and give township)		
100		Sirai Hos	pital		Baltimore		, , , , , , , , , , , , , , , , , , , ,		
				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore 2 days. 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.					1219 Ten Oaks	9. AGE (In years)	Il Under 1 Year Il Under 24 Hours		
			ED, DIVORCED (Specify)	July 2, 1950	last birthday)	Months Days Hours Min.			
		CUPATION (Givekind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	2 11		
ork done	during most o	of working life, even If retired)		INDUSTRY	Baltimore, Md.		WHAT COUNTRY		
13. FA	THER'S N	NAME			14. MOTHER'S MAIDEN NAME				
Ro	bert	Arthur	Holse;	y	Rose Marie Marsiglia				
15. W/	AS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS 27		
1 08, 110	or uoxoowo)	(11 Jos, give wat of dete	s or service)	SECURITY NO.	Mrs Rose Marie H	olsev. 1219			
18	71	1, 5		CAUSE	OF DEATH	02.00// 2.20	INTERVAL BETWEEN		
	- (SE OR CONDITION	DIRECTI V			2	ONSET AND DEATH		
		LEADING TO DEA	TH	4/1/	Mahmit.				
	heart failu	s not mean the mode ourse, asthenia, etc. It mea	ns the diseas	se.	Man Carlotte				
	injury or	complication which	aused death	n.) DUE TO		1			
		ANTECEDENT CAUS	SES	1/11/1	Sty 10 White	6011			
5	DISEASE	S OR CONDITIONS, 1	F ANY, GIVI	NG (BY)					
		THE ABOVE CAUSE (A)		HE DUE TO	Maceu	Ha			
١									
		11		_ (C)		***************************************			
	TRIBUTING	SIGNIFICANT COND	NOT RELAT	ŁD .					
19		F OPERATION 1		FINDINGS OF OPER	ATION	***************************************	20. AUTOPSY?		
4		2					YES NO		
	A. ACCIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i		f in Baltimore City	, give exact location)		
1	J.M.C.D.L	(DDCC23)	about mount,	101 mg, 100 001 J , 111 000, 010 00 010 01,					
21	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
	, into one		m.	WHILE AT NOT WHILE		_ /			
22	2. I hereb	y certify that I att	ended the	deceased from	1/2 2018/20	7/3 , 19.	Sthat I last saw the		
		live on 7/v	-//	and that death occur	red at m., from t)	ke causes and on	the date stated above		
	A. SIGNA		11		3B. ADDRESS	110	23C. DATE SIGNED		
	17	mull 1	un	M. D.	803 attede	4 18	113/86		
24A. TION, F	BURTAL. (SEMOVAL (S	CREMA- 24B. DATE	1281	24c. NAME OF CEMENT	THE THE PARTY LABOR	1950 (City, tow	n, or county) (State)		
				addit not of the	,	1000	/ /		
	L REGIST		SSIGNATU	IRE	25 FUNERAL DIRECTOR	ielth	ADDRESS		
111	1 1 2 19	950 huit	water	MAN COMPANY MAN	A METHONICATION AT THE	MACII			
	VS 150		(60)	distribution of the second	1 1 · in		11		
			4-110-	FUND TELLOW	- A - 1 - 2 - 5		160c		



541321 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO.50 - 12783 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Girl Matternas June 20. DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location (If outside corporate limits, write RURAL and give The Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1102 Fairfax Road c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years) If Under 1 Year 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify)
Single Female White June 20, 1950 H 10A. USUAL OCCUPATION (Givekinder) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Infant Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Matternas Louise Umberger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO. Hospital Records INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? OD. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 22. I hereby certify that I attended the deceased from June 20 , 19 50 to June 20 , 19 50 that I last saw the deceased alive on June 20, 1950, and that death occurred allo:10 Bn., from the causes and on the date stated above. 23c. DATE SIGNED 23A JIGNATURE 23B. ADDRESS 601 N. Broadway 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 The standard of the second of the second

CARTINICANE OF DEATH

	Parity County
AND STREET	
	A December 1
Jalan Syrable SaltaNE.	20 20 2
Villagil - (a)	

50 6126 BALTIMORE CITY HEALTH DEPARTMENT Registered No .-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUA BEADENCE (Where deceased lived. If institution: residence B. County Refere admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits write KNRAL and give township) HOSPITAL OR location INSTITUTION D. STREET ADDRESS Yrs. (lf/rava), give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIE 9. AGE in years M Under I Year | # Under 24 Hours last Eighthday | Months; Days | Hours | Min. 6. COLOR DR RACE WIDOWED, DINORCED (Specify) tavi 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BARTHALACE (State or foreign country) 12 SITIZEN OF ork done during most of working life, even if retired INDUSTRY Luan T COUNTRY In monice 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERAT 19A. DATE OF OPERATION EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 1950 to 12 . 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 113 7/12 1950 and that death occurred at_ deceased alive on_ p.m., from the causes and on the date stated above. 224 SIGNATURE 23c. DATE SIGNED vicka 24A. BURIAL, CREMA-ZAB. DATE 245. LOCATION (City, town, or county) 24c. NAME OF CEMETERY DR CREMATORY emporal REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTRAR このでは、これをおりないというないできている

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200
0 6127
BIRTH NO.
1. NAME OF DECEASE (Type or Print)
3. PLACE OF DEATH

	Regis	50 stered No	6127
Ī	2. DATE	7/12/	

OLGI	CEPTIEICAT	E OF DEATH	gistered No.
BIRTH NO.	CERTIFICAT	E OF DEATH	
NAME OF DECEASED LEIGH	WILLIAM	FITCHETT 2. DATE OF DEAT	1117/50
. Baltimore City, Maryland		A. STATE B. C	sed lived. If institution : residence OUNTY before admission
ROSPITAL OR	itution, give street address of location		V = 43
NST TUTION MARINE HOSP.		DUTTON	porate limits, write RURAL and gir township
Length of stay in Baltimore 26	Mes: Days	D. STREET ADDRESS (If rural, give	location)
	SLE. MARRIED, OWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (last b)	In years If Under I Year II Under 24 Hour rthday) Months Days Hours Mir
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)	ND OF BUSINESS OR	11. BIRTHPLACE (State or foreign coun-	
ERCHANT SEAMAN SHI	PPINE FISHING	VA.	WHAT COUNTRY
3. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	
JAMUEL B. LEIGH		Lucy O. FITCH	ETT
5. WAS DECEASED EVER IN U.S. ARMED FORCES o, no or nuknown) (If yes, give war or dates of service) ANKNOWN	? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18. 163 X .	CAUSE	OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRECT	C.ARC	INOMA OF RT. Lui	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di- injury or complication which caused de	sease,	<i>b</i> ,	
ANTECEDENT CAUSES	un	IKNOWN	
DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	IVING THE DUE TO		
	(C)		
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	CON-		
TO THE DISEASE OR CONDITION CAUSIN		PATION	L OO ALITODOVA
4/26/50 CA	RCINOMA	RT. hung	20. AUTOPSY?
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. I about ho	PLACE OF INJURY (e. g., ime, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltin etc.) INJURY OCCUR?	nore City, give exact location)
D. TiME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
m	. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended t	no account from	July , 1950, to 12 Jul	Y, 1950, that I last saw th
deceased alive on 12 July, 1951	, and that death occur	rred at 8:250m., from the causes	
23A. SIGNATURE	dington. o. 1	1. S. Marine Horp. Belt	512 Ma 7/12/50
4A. BURIAL, CREMA- ON, REMOVAL (Specify) 7/13/50	LOCUST G	ROVE SOLE	(City, town, or county) (State)
ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR	ADDRESS
JUL 3 1930 huntrigtor 11	ACCEPTOR INDIA	W-J. lickner & Jons	NORTH BYA. Hre

VS 150

MEDICAL CERTIFICATION

12 573 JJ

Wag. Tickner & Sons North & Pa. Are
Balts. Mr.

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

50 - 6128

Registered No ._ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Estella M. Wentz July 10, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Hood Nursing Home D. STREET ADDRESS (If rural, give location) Yra. Mos. 8216 Wilson Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Nov. 26, 1871 female Wldowed 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife own home Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Mullen Mary J. Wallace 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Hazel Steinitz, 8216 Wilson Avenue INTERVAL BETWEEN 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from They 2 Please 10. 1950 that I last saw the 1950, to_ deceased alive on Jane 10, 1950 and that death occurred at 116 m. from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL CREM 24c. NAME of CEMETERY OR CREMATORY TION, REMOVAL (Specify Western Cemetery burial Baltimore,

25. FUNERAL DIRECTOR

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Nm. Cook Inc

ADDRESS

1217 St. Paul Street

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50 6129

Registered No.

BIRTH NO.						
1. NAME OF DECEA Type or Print)	Annie	M. WA	TKINS		OF DEATH	11, 1950
Baltimore City, Maryland 1400 W. Lexington St. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION Aged Women's & Aged Men's Homes						
0			Yrs. Mos. Days	D. STREET ADDRESS (I		
Length of stay in Baltimore 5. SEX Female White Days T. SINGLE. MARRIED. WIDOWED DIVORCED (Specify) Widowed				8. DATE OF BIRTH Ney 30, 1872	9. AGE (in years) If	Under I Year If Under 24 Hours nths Days Hours Min.
OA. USUAL OCCUPA ork done during most of working Monte	ATION (Give kind of ing life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Waryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
John	a Y. Zil	0		Mary A	. Hoff	
(es, no or unknown) (If	ER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	19.	. H. Read Allexington Stre	odress et
injury or comp ANTI DISEASES OR RISE TO THE AB UNDERLYING OTHER SIGNI	thenia, etc. It mes plication which of ECEDENT CAUS CONDITIONS, I BOVE CAUSE (A) CONDITION LA 11 FICANT CONDI THE DEATH, BUT	eaused death. SES F ANY, GIVIN STATING TH. ST. TIONS CON	(B)	convey (Unormalle)	705	104RS
TO THE DISEAS	E OR CONDITION	CAUSING I	r	^.		
19A. DATE OF OF	PERATION 0 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT LYING OR CO. CAUSE OF DEAT	NTRIBUTING	21B. PLA	CE OF INJURY (e. g., i arm,factory,street,officebldg.,	n or 21c. WHERE DID 1NJURY OCCUR?	(If in Baltimore City, g	
ID. TIME (Mont	h) (Day) (Year)		NOT WHILE AT WORK AT WORK			
deceased alive of	n 50141	tended the L, 195		rred at 6.35 m., from		
23A. SIGNATURE	A- 24B. DATE	word	M. D.	38. ADDRESS 4-2-33 US RY OR CREMATORY 240.	LOCATION (City, town,	gray 12 (State)
Burial	7/14/	50	Grega n	Houset	Balto. m	
DATE RECEIVED BY	50 Thurstie	ator /ki	lique, Miss	25. FUNERAL DIRECTOR	12/7 St. Pau	ADDRESS Q.T.
VS 150	her Articles	- 一川 「一川 一川 一川 一川 一川 一川 一川	A CONTRACTOR OF THE PARTY OF TH	.,		61

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0 613	0	BAL		EALTH DEPARTMENT	Registered	50 6130
BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	110.
1. NAME OF D (Type or Print)	J	John H.	. Lambright		OF TEATH	-11-50
a. Baltimore (EATH: City, Maryland	Bal	to	4. USUAL RESIDENCE (Where deceased lived, I B. COUNTY	f institution : residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	Md.	f outside corporate lim	its, write RURAL and give
Marianon	1739 Carswe	ell Str	eet	Balto.	9-0	township)
c. Length of s	tay in Baltimore		Life Yrs. Mos. Days	D. STREET ADDRESS (III	rural, give location) 11 Street	
5. SEX	6. COLOR OR RACE	WIDOW	E. MARRIED, (ED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-8-88	9. AGE (In years last birthday) M	onths Days Hours Min.
ork done during most o	CUPATION (Give kind of of working life, even if retired) ward	10B. KINE	of Business or INDUSTRY	11. BIRTHPLACE (State or in Baltimore	foreign country)	12. CITIZEN OF
13. FATHER'S		ımbrigh	t	14. MOTHER'S MAIDEN N		
15. WAS DECEASI Yes, no or unknown)	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT August Lambrig	ht-2719 North	ADDRESS nern Pkwy.
injury or DISEASES RISE TO T	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA	aused death ES ANY, GIVIN STATING TH	.) DUE TO (B)			
TRIBUTING	IGNIFICANT CONDI- TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	T			
19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home,	ACE OF INJURY (e. g., in erm, factory, street, office bidg., e	o or 21c. WHERE DID (stc.) INJURY OCCUR?	(If in Baltimore City,	
2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK						EATT.
22. I hereb deceased al		ended the	and that death occur	red at 8:/0A.m., from 138. ADRRESS	the causes and on t	that I last saw the the date stated above.
24A. BURIAL.	OREMA- 246. DATE	Join	M. D.	2058 Harford RY OR CREMATORY 240. L	OCATION (City, town	Jaly 13, 1950
Buria	7-14-	50	Jerusalem	/	Baltimore Md.	V
LOCAL REGIST		E W	liance, Mark	25. FUNERAL DIRECTOR		ADDRESS Street
VS 150	716	かるが				

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7-20-50

Registered No

BI	RTH	NO.	
-			

1. NAME OF DECEASED (Type or Print) 2. DATE Elizabeth Mary Gummer DEATH July 11, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give St. Joseph's Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1211 N. Curley St. 8. DATE OF BIRTH 1898 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Hwfe. Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Trabert Barbara 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. John Gummer - Above INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Cerebral hemorrhage heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Hypertensive cardiovascular disease RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION CA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, EDI about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from July 10, 1950, to July 11, 1950 that I last saw the deceased alive on July 11. 1950, and that death occurred at 4:15pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE madallus July 11, 19 11:00 N. Caroline St. 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA- 24B, DATE TION REMOVAL (Specify) Burial Holy Redeemer Baltimore , MD DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE

LANGUAGE CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE P

LOCAL REGISTRAR

Lilly & Zeiler . 403 S. Wolfe Street

5/8/1899 - 51 Jos. Grabert. John June an abov THE CHARLES THE CHARLES TO IN Paradiante de la constante de la constante 그 있는데 사람이 얼마나 가는 그 사람이 되었다. To excellent the second to be seen the second that

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) OF SARA. S. CANTOR DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION TTORS township) Yrs. (If rural, give location D. STREET ADDRESS 35 Yrs. c. Length of stay in Baltimore Days 6. COLOR OR RACE S SEY 7. SINGLE, MARRIED 9. AGE (in years last birthday) Months, Days Hours, Min. WIDOWED, DIVORCED (Specify) July 15, 1897 Marrico 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY INDUSTRY New York own home Housewell 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sophia ?? Felix Slusky 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO. Ar. Isidor Cantor-801 Lake Drive INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ADENO- CARCINOMA & STOMACH LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO GENERALIZED METASTASIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DENO-CARCINOMA EDICA 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 214. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) (Specify) HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from... (19:5 Chat I last saw the . 19 56 and that death occurred at 11:55 pm., from the causes and on the date stated above. deccased alive on_ 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial /248. DATE

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

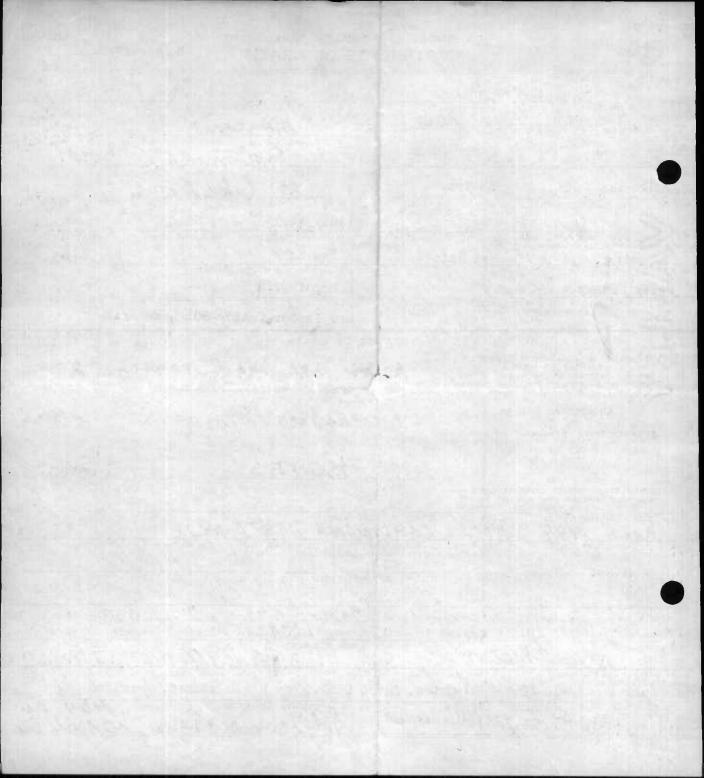
7-13-50 Chizuk Amuno Cong. DATE RECEIVED BY REGISTRAR'S SIGNATURE

Baltimore, Maryland 25 FUNERAL DIRECTOR

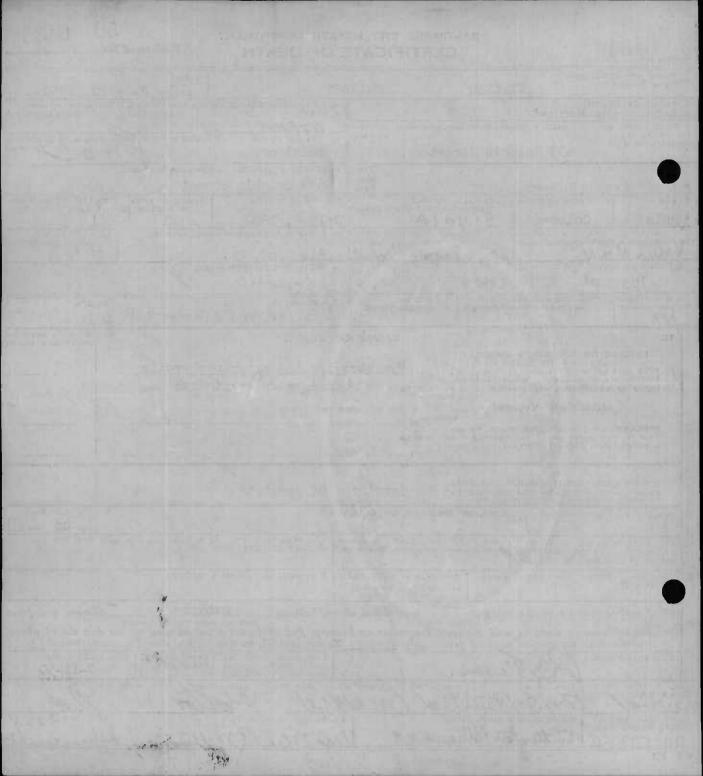
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LOCAL REGISTRAR



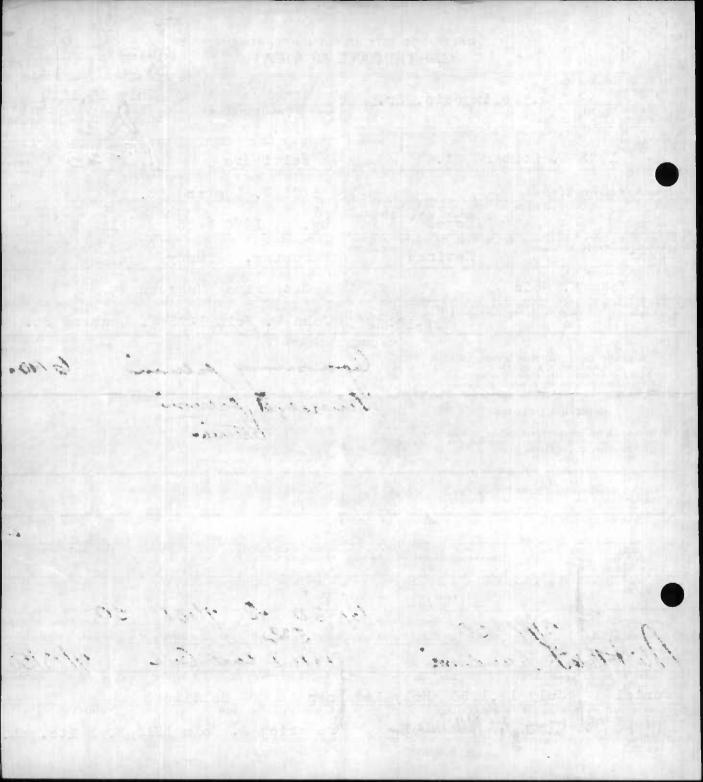
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6133 BALTIMORE CITY HE	
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) WILLIAM ELLI	OTT 2. DATE OF DEATH July 10, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
639 Dolphin Street	Baltimore 7-02 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	639 Dolphin Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years M Under 1 Year M Under 24 Hours last birthday) Months: Days Hours Min.
Male Colored SINO 8	July 6, 1880 70
10A. USUAL OCCUPATION (Give hind of 10B. KIND OF BUSINESS OR 10 DUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NEWS Man News Paper landate	Richmond, Va. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Elliott.	Cornelia!
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, poter unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Many Booker, 639 Dolphinst.
18. 443 X 177 X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	nsive and arteriosclerotic
heart failure authoria etc. It means the discoses	cardiovascular disease
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	ro of magazata
TRIBUTING TO THE DEATH, BUT NOT RELATED URICLING:	ma of prostate
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
	YES X NO L
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described a	bove, held an Autopsy thereon and from Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	nquiry, find that said deceased died on the day stated above, \square , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE PSFisher M.	238. CHIEF MEDICAL EXAMINER
24A. BURIAL, CREMA 24B. DATE Day, REMOVAL (Specify) 7-/2-/957 1100	OF CREMATORY 245 LOCATION (City, town, or count) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 2) 2 N
111 1 3 1950 Hutington Williams, Met	Mrs Katie R Williams Lehranger
VS 131 460	47 518 4



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600		PALTIMORE CITY	HEALTH DEBARTM	5	0 6134
вікfа-134		CERTIFICA	TE OF DEATH		
1. NAME OF E (Type or Print)		elix Hein, Sr.		2. DATE OF DEATH July	10,1950
A. Baltimore	City, Maryland		4. USUAL RESIDEN	ICE (Where deceased lived. If i	
B. FULL NAME	OF (If not in hospit	al or institution, give street address locatio			
INSTITUTION	1225 W. Lom	bard St.	Baltimo:	(If outside corporate limits	write RURAL and give township
		Yrs Mos		S (If rural, give location)	
	stay in Baltimore	Day	18 1225 W.]	Lombard St.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci WIDOWED	8. DATE OF BIRTH Aug. 2, 18'	last birthday) Mor	Under I Year If Under 24 Hours hths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF
Baker		Retired Roosii	Wurzburg,	Germany	WHAT COUNTRY
13. FATHER'S			14. MOTHER'S MAIL	DEN NAME	
	ohm V. Hein		Catherin	ne Unknown	
(Yes, no or uokoowo)	(If yes, give war or date	D FORCES? In of service) 16. SOCIAL SECURITY NO. 219-10-355	17. INFORMANT	ein 1225 W. Lor	nbard St.
DISEASE RISE TO TUNDERLY	ure, asthenia, etc. It mea complication which of ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE DUE TO (C)	eursezal j	delvani Tvis-	
U TO THE D	OF OPERATION A 1	9B. MAJOR FINDINGS OF OP	ERATION		LOCALITORNIA
A	SI GIZRATION O	30. MAJON PHADINGS OF OP	ERATION		20. AUTOPSY?
LYING OF	DENT WAS UNDER. R CONTRIBUTING	21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bld	g, etc.) 21c. WHERE DIE		
FINJURY	(Month) (Day) (Year)	m. WHILE AT NOT WHILE ME NOT WHILE AT WOR	LE	NJURY OCCUR?	2
designation	line on	ended the deceased from	19 7 3	to	that I last saw the
deceased a	The total	1990, and that death occ	23B. ADDRESS	rom the causes and on the	23c. DATE SIGNED
TION REMOVAL (CREMA- 24B. DATE Specify)		TERY OR CREMATORY	24D. LOCATION (City, town, o	or county) (State)
Burial	July 1	.3,1950 Holy Red		Baltimore	
LOCAL REGIST		S SIGNATURE	Erederiak A		ADDRESS
VS 150			TIEGETICK A	. Cole 1913 W.	Balto. St.
¥3 130	. 1544	AND THE PROPERTY AND	1 1 2	53	9140

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	6135	CE		OF DEATH	Registered N	gu 6135	
	RTH NO.						
	NAME OF DECEASED Print)	CILLA	ROGER	RS.	2. DATE OF DEATH	7-50	
Α.	Baltimore City, Maryland			4. USUAL RESIDENCE	(Where deceased lived. If i	institution : residence	
H	FULL NAME OF (If not in hospits OSPITAL OR ISTITUTION ,	al or institution, g	give street address or location)	c. CITY OR TOWN	(If outside corporate limit	write RURAL and give	
-	Green	Ey Has	pital	Balt	meera	township	
c.	Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	a Street W.	
5.	SEX 6. COLOR OR RACE			8. DATE OF BIRTH 3 - 31 - 190	last birthday) [Mot	Under I Year H Under 24 Hours nths Days Hours Min.	
orl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	-,	12. CITIZEN OF WHAT COUNTRY	
	Housewife.	Nom		King George	Curly Va	US, A.	
13	FATHER'S NAME	0000		14. MOTHET'S MAJOEN	NAME		
15	. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16	SOCIAL	17. INFORMANT	Togers		
X e	e, no or nnknown) (1f yes, give war or date	of service)	SECURITY NO.	Sula Ihan ex	1715 This	Le Over NO	
ILLICATION	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It meal injury or complication which of the complex of th	TH of dying, e. g., ins the disease, caused death.) SES F ANY, GIVING STATING THE	(A)	Enytrematori	Pupus Dans	ONSET AND DEATI	
7 1	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED					
1	19A. DATE OF OPERATION	20. AUTOPSY?					
יוביור	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)						
4	21D. TIME (Month) (Day) (Year)	(Hour) 21E. WHILE WOR		D 21F. HOW DID INJU	JRY OCCUR?		
	22. I hereby certify that I att deceased alive on 9 23A. SIGNATURE	, 19 5 Q and	that death occurr	ed at 6 Pm., from	m the causes and on th	e date stated above	
24	4a. BURIAL, CREMA: 24B. DATE		2011	Y OR CREMATORY 24p	D. LOCATION (City, town,	7-10-5- or county) (State)	
TI	ON DEMOVAL (Specify)	3.10.					

7-13-1950 Montaulum anten Baltimue aly may land
REGISTRAR'S SIGNATURE

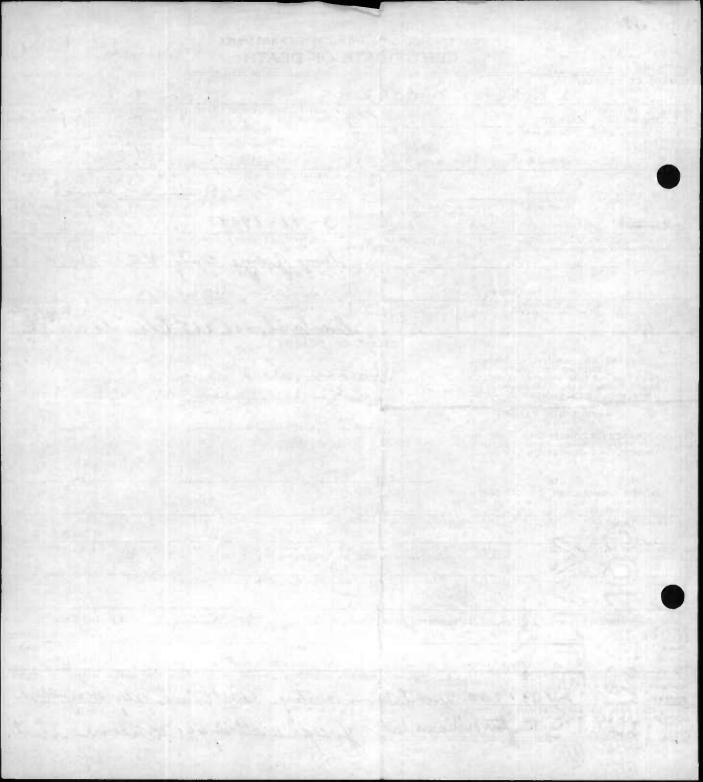
25. FUNERAL DIRECTOR

ADDRES

The trusting for Milianus, Mar. Goseph a. Lively 66198. Base Street

153

DATE RECEIVED BY



Registered No

В	JR	TI	Н	N	0

			OF Print	DECEASED	
3.	PL	ACE	OF	DEATH:	-

MABEL L. WISNER

2. DATE DEATH

54 52

July 11. 1950

A.	Rai	tım	ore	City
В.	FUL	LN	AME	OF
H	DSPI	TAL	. OR	
IN	STIT	UT.	ION	

Maryland

(If not in hospital or institution, give street address or

A. STATE Md.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission)

2227 Reisterstown Rd.

C. CITY OR TOWN Baltimor e

(If outside corperate limits, write RURAL and give D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimere

Yrs. Mos. Days

location)

2227 Reisterstown Rd.

Female

18.

CERTIFICATION

EDICAL

6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) white widowed 108, KIND OF BUSINESS OR

at home

8. DATE OF BIRTH 898 9. AGE (in years)

11. BIRTHPLACE (State or foreign country)

If Under 24 Hours last birthday) Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

INDUSTRY

SECURITY NO.

Maryland 14. MOTHER'S MAIDEN NAME

March 18, 1896

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Lewis H. Wisner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Margaret Hart 17. INFORMANT

ADDRIGGWn, Rd.

Mrs. Edith V. Wentworth CAUSE OF DEATH

2227 Reisters-INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

16, SOCIAL

none

DUE TO

Bulmmany englupenn. Bronelis al as flum ; ch michnelets.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21A. ACCIDENT WAS UNDER

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY

NOT WHILE WHILE AT

19.50. and that death occurred at 115% m. from 19 50 that I last saw the 22. I hereby certify that I attended the deceased from m., from the causes and on the date stated above.

deceased alive on_

24c. NAME OF CEMETERY OR CREMATORY

23c. DATE SIGNED

24A. BURIAL CREMA-TION, REMOVAL (Specify) Burial

Westminster Cem.

Westminster. Md.

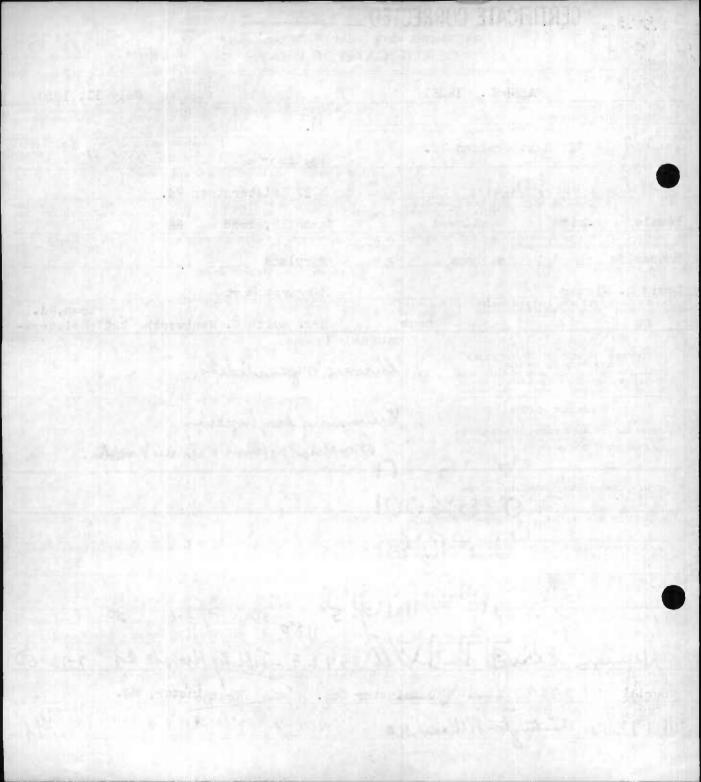
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

VS 150

THE PARTY OF THE P



16	0
50	6137
BIRTH	NO.

Yrs. Mos.

Days

	50	6.1	37	
gistered	No			

			OF	DEC)	EAS	ED
3.	PL	ACE	OF	DEA	TH:	

ELEANOR LOIS COVER

	DEATH	/	_/	0	0	(
l	2. DATE		7	15	-	

. Baltimore City,	Maryland
FULL NAME OF	(If not in hospital or institution, give street address or location)

A. STATE	B. COUNTY	before admission)
Md.	A . A .	
C. CITY OR TOWN	(If outside corporate limits, w	rite RURAL and give

University Hosp.

Lansdowne

white

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE

7. SINGLE, MARRIED, WIDQWED, DIVORCED (Specify) single

2803 Hammonds Ferry Rd. 9. AGE (In years) 8. DATE OF BIRTH If Under 1 Year last birthday) Months; Days Hours: Min. July 23, 1923

10A. USUAL OCCUPATION (Givekindof) work done during most of working life, even if retired) Record Clerk

108. KIND OF BUSINESS OR INDUSTRY Westinghouse Elec.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

townshint

Rd.

13. FATHER'S NAME

female

ERTIFICATION

EDICAL

Harry D. Cover

14. MOTHER'S MAIDEN NAME

16. SOCIAL SECURITY NO Rose T. Cover

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) | (If yes, give war or dates of service) (Yes, no or unknown)

17. INFORMANT Mrs. Rosa T. Cover

Maryland

ADDRESS 2803 Hammonds Ferry

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying. e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

DUE TO

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

19B. MAJOR FINDINGS OF OPERATION

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

(If in Bultimore City, give exact location)

20. AUTOPSY7

21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY

WHILE AT

22. I hereby certify that I attended the deceased from.

. 18 0, that I last saw the deceased alive on 7- 1950, and that death occurred at 250 Pm., from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE

surremon 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

240/ NAME OF CEMETERY OR CREMATORY

Burial DATE RECEIVED BY

Cathedral REGISTRAR'S SIGNATURE

Cem. 25. FUNERAL DIRECTOR

24D LOCATION (City, town, or county) Balto.

ADDRESS

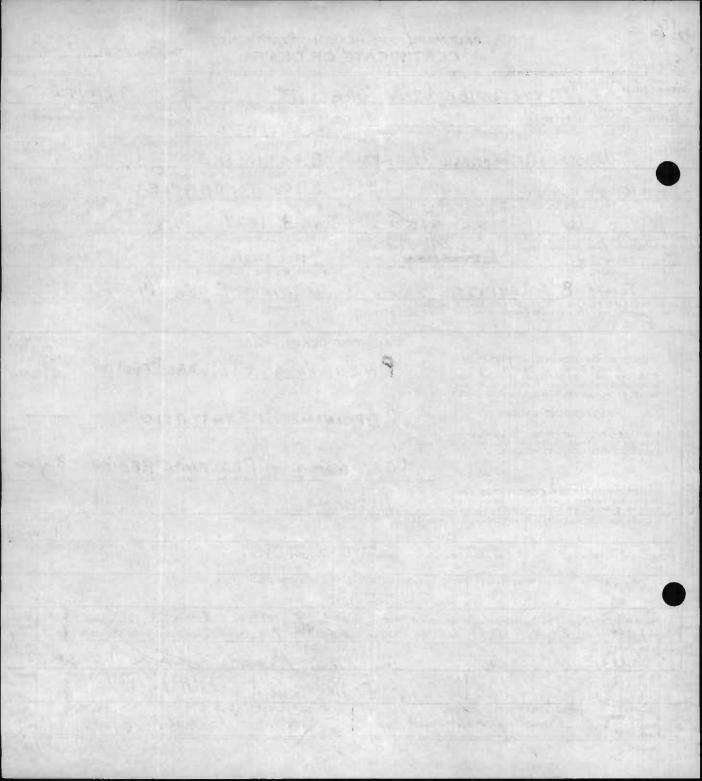
VS 150

William William Committee of the Committ . ht mest along u soct THE REAL PROPERTY AND ADDRESS.

6	2	3
BIR	61	38

Registered No. 6138

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) NATHANIEL IRVIN GRESSITT	2. DATE OF 7/11/50
	Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAN)	If outside corporate limits, write RURAL and give
UNION MEMORIAL HOSPITAL BALTIMO	RE 12-06 township)
Yrs. O. STREET ADDRESS (I	
c. Length of stay in Baltimore Days Days V. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH	CHARLES 9. AGE (In years II Under 1 Year II Under 24 Hours
MIDOWED, DIVORCED (Specify) JUNE 3 1877	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or INDUSTRY)	foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN	V \$ A
	Ellen Muse
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	ADDRESS
none none Mas.	
18. 191X	INTERVAL BETWEEN ONSET AND OFATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of duing a g	EURAL EFFUSION NOT
	Δ
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heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	0.57.0.514
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52	0
50	6139
BIRTH NO	

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 1010 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporage limits, write RURAL and give C. CITY OR TOWN. INSTITUTION LOUIS ROPKIES HOSPITAL township: Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Dave 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (in years ff Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. JOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) (If yes, give wer or dates of service) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) OUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK WORK . 1950 that I last saw the 22. I hereby certify that I attended the deceased from 6-1950 to 7-11-1950, and that death occurred at 1/25 deceased alive on 7-11-In., from the causes and on the date stated above 23A. SIGNATURE 23c. DATE SIGNED Medre M. D. 24% BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY CATION (Vity, town, or county)

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

Mural

REGISTRAR'S SIGNATURE

ADDRESS

atanta hastand of the second about mides him monday it march collection discour Store. - Carlott mill I reprint or tites

0150		BAL	TIMORE CITY HE	ALTH DEPART	IMENT		UU	0.140
BIRTH NO.			CERTIFICATI	E OF DEAT	H	Registered	No.	
	DECELOED							
1. NAME OF (Type or Print)		OMAS	CRISTE			of Eath Ju	ly 12.	1950
3. PLACE OF A. Baltimore	DEATH: City, Maryland			4. USUAL RESID			If institution :	
B. FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)		nsylvania	e corporate lim	nita uvita PII	DAT and sine
INSTITUTION	West Baltimo	re Gene	ral Hospital		risburg	, co. po. w.c. a.a.	, with 100	township)
			Yrs. Mos.	D. STREET ADDR	ESS (If rural,			
c. Length of 5. SEX	stay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRT	3 Rumson .	Avenue GE (In years)	If Under 1 Year	li Under 24 Hours
Male	White		ED, DIVORCED (Specify) rried	April 27,	la	36		
work dooe during mos	CCUPATION (Give kind of tof working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE			12. CITIZ WHAT	COUNTRY'
Merc 13. FATHER'S	handiser NAME	Phila	delphia Dairy	resson,	Pennsylva	ania	U. S	. A.
	Sherman Cris	te		Mary Kar				
15. WAS DECEAS	SED EVER IN U.S. ARME!	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Funeral Di	rector Co	nrad, Cr	address resent,	Penna.
(This do heart fai injury o	ASE OR CONDITION LEADING TO DEA es not mean the mode of lure, asthenia, etc. It mes r complication which of ANTECEDENT CAUS ES OR CONDITIONS, I THE ABDVE CAUSE (A) LYING CONDITION LA	TH of dying, e. g ons the disease caused death SES F ANY, GIVIN STATING TH	(A) Crush	ing injury	of chest		ONSET	AND DEATH
OTHER TRIBUTING TO THE	II SIGNIFICANT CONDI IS TO THE DEATH, BUT DISEASE OR CONDITION	TIONS CON NOT RELATE CAUSING IT	D	ATION			20. /	AUTOPSY?
A L					776 to 1	0.1	YES	No X
UNDERLYII	RNAL CAUSE WAS NG M OR CONTRIB- CAUSE OF DEATH.	about home, fa	CE OF INJURY (e. g., In irm, factory, street, office bldg., e Street	Rolling R	oad & John		Road, B	alto.Co
OF INJURY	(Month) (Day) (Year)	10 1 4	HILE AT NOT WHILE AT WORK	- leal ligion	Passeng by trails	er throw	& trail	or-trucl auto
22. I cert	ify that I took char	ge of the	remains described a	bove, held an In		& Inquir	Y thereon	
the en	vidence obtained by leath in my opinion	said Auto resulted f	psy, Inspection or I	nquiry, find that	t said decease	ed dicd on t	the day ste	ated above ned \Box .
23A. SIGNA	RS (Fish	er M.	ASSISTANT M	EDICAL EXAMI EDICAL EXAMI ESTIGATOR	NER	July 12	
24A. BURIAL. TION, REMOVAL		2	4c. NAME of CEMETER	RY OR CREMATORY	24D. LOCATI	ON (City, tow		
removal	7/13/5		St. Aloysiui			it, Penns		
LOCAL REGIS	ED BY REGISTRAR	SSIGNATU	VILLE MER ALE	25. FUNERAL DIF		217 St. I	ADDRESS Paul Str	
V S 151	N = C (3)	6	9: Company 9: 9	041	70.		1700	1
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Registered No. CERTIFICATE OF DEATH BIRTH NO. 50 - 14073 1. NAME OF DECEMBED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased fixed, If institution : residence A. Baltimore City, Maryland √before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, giy focation) Mos. u/a c. Length of stay in Baltimore Davs 9. AGE (In years | Hunder | Year | H Under 24 Hours | last hirthday) | Months Days Hours | Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OF RACE BIRTH age 10A. USUAL OCCUPATION (Give kind of work done during most of forking fie, even in the second section) 10B. KIND OF BUSINESS OR INDUSTRY HAT COUNTRY 13 FATHER'S NAME 14 15. WAS DECEASED EVER IN U. S ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) (If yes, give w SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION MEDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT

WORK

22. I hereby certify that I attended the deceased from

V 19 4 and that death becurred at. deceased alive on_ 23A. SIGNATURE 23B. ADDRES

m., from the causes and on the date stated above. 3c. DATE SIGNED

24A. BURIAL, CREMA- 24B/DATE

_. that I last saw the

TION REMOVAL (Specify)

24C. NAME OF CEMOTERY OF CREMATORY

Durial DATE RECEIVED BY

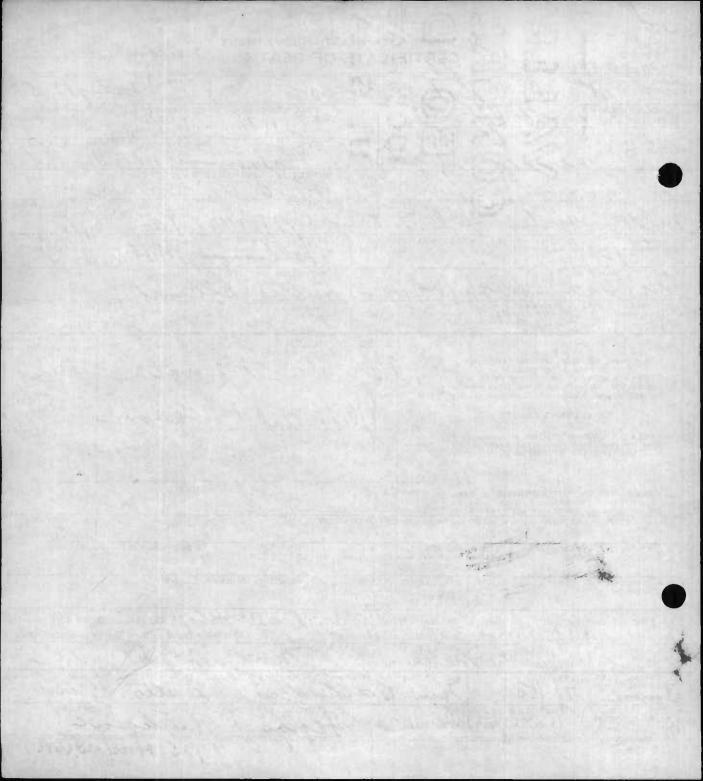
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BIRTH	NO.

50 6142

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) FRANK ALFORD July 9, 1950 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Raltimore Wyman Pk. Drive & 31st St. Yrs. D. STREET ADDRESS (If rural, give location Mos. 1714 E. Chase Street c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | Il Under | Year If Under 24 Hours last birthday) Months Days WIDOWED, DIVORCED (Specify) colored Hours: Min. 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None ISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joe Alford Josephine James 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records- US Marine Hospital, Balto, Md. 249-26-0672 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chronic myocarditis with cardiac Unknown (Thia does not mean the mode of dying, e.g., hypertrophy and dilatation, right heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) and left and cardiac failure ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from June 20 , 1950, to July 9 , 1950 that I last saw the deceased alive on ANLY 9 A. 1950 And that death occurred at 3 2 3 0 A. m., from the causes and on the date stated above, 23B. ADDRESS 7/10/50 23A. SIGNATURE John L. Wilson, Medical US Marine Hospital, Balto, Md. Director M. D. 24A. BURIAL, CREMA-248. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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NOT A MEDICAL EXAMINER'S CASE

CHTH OR ASS'T. MEDICAL EXAMINER

NOT A MEDICAL EXAMINER'S CASE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF JOHN MCEL GUNN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give

Mos.

Days

HOSPITAL OR location) INSTITUTION -Yrs. D. STREET ADDRESS

c. Length of stay in Baltimore

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kied of vort done defring and of modeling life, even in retired) 108, KIND OF BUSINESS OR INDUSTRY

ouge.

15. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, oo or onkoowo) (If yes, give war or dates of service) (Yes, oo or onkoowo)

18.

ERTIFICATION

EDICAL

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

16. SOCIAL SECURITY NO.

(B)

DUE TO

(C)

19 50. and that death occurred at 9

CAUSE OF

14. MOTHER

11 BIRTH LACE (State or foreign country)

S MAIDEN NAME

(If rural, give location)

DUE TO

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or (Specify) about home, farm, factory, street, office bldg., etc.)

21A. ACCIDENT, SUICIDE, HOMICIDE

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 7/11/50

deceased alive on 7-12 23A. SIGNATURE

24A. BURIAL, CREMA-24B. DATE

TION. REMOVAL (Specify) wide DATE-RECEIVED BY

LOCAL REGISTRAR

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REGISTRAR'S SIGNATURE

23B. ADDRESS

25, FUNERAL DIRECTOR

, 30, 19___, to_

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

/township)

AGE (In years | H Under I Year | H Under 24 Hours last birthday) Months Days Hours Min.

12. CITIZEN OF

WHAT COUNTRY

INTERVAL BETWEEN

20. AUTOPSY7

YES

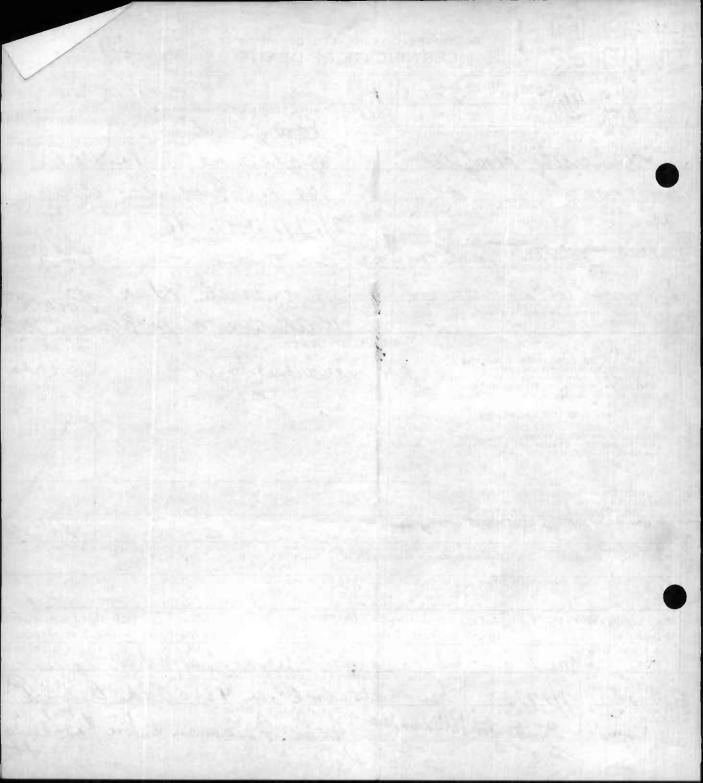
, 1950, that I last saw the

23c. DATE SIGNED

(If in Baltimore City, give exact location)

_m., from the causes and on the date stated above.

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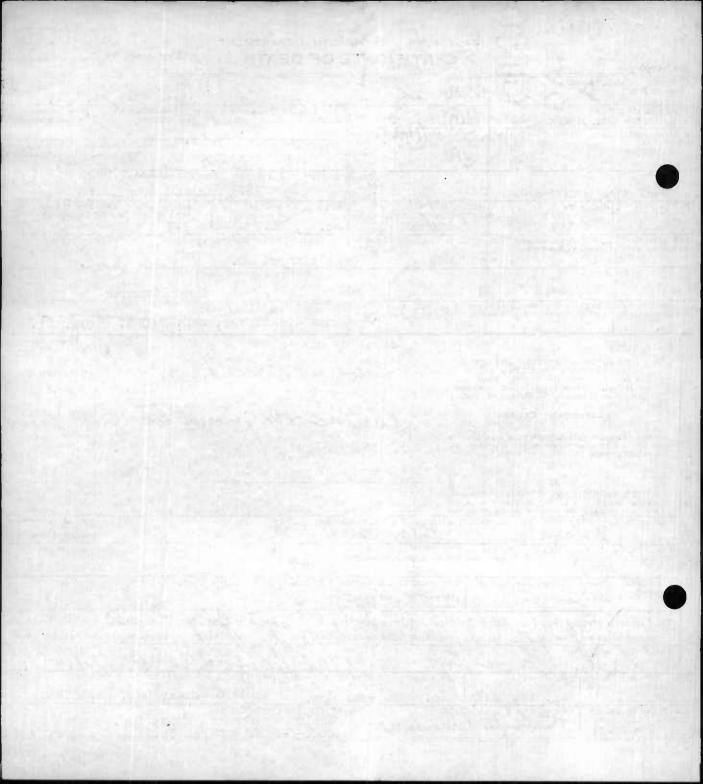


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No...

50	614	15

BIRTH NO.	SERTII ICAT	L OI BEATTI				
I. ITALIE OF BEGEAGED	Machovec	2. DATE OF DEATH July 11, 1950				
3. PLACE OF DEATH: A. Baltimore City, Maryland 25 B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	531 Ashland Ave. al or institution, give street address of location	4. USUAL RESIDENCE (Where deceased lived. A. STATE Md.				
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2531 Ashland Aven				
female 6.COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Widowed	B. DATE OF BIRTH 9. AGE (In years last birthday) Dec. 8, 1872 77	Months Days Hours Min.			
10A. USUAL OCCUPATION (Givekindof work doneduring most of working life, even if retired) housewife 13. FATHER'S NAME	10B. KIND OF BUSINESS OR INDUSTRY	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY!			
Joseph Ba		14. MOTHER'S MAIDEN NAME Anna Stepan	ıek			
15. WAS DECEASED EVER IN U. S. ARMEE (Yes, no or nnknown) (1f yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	James J. Machovec, son, 710 N	address Glover St.			
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which or antecedent Cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, INSE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAU OTHER SIGNIFICANT CONDITIONS OTHER SIGNIFICANT CONDIT	of dying, e.g., uns the disease, caused death.) DUE TO (B) F ANY, GIVING STATING THE STATING THE (C) (C)	nie Mayoeorditis	3 years			
TO THE DISEASE OR CONDITION		RATION	20. AUTOPSY?			
22. I hereby certify that I att	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occur? 21c. WHERE DID (If in Baltimore City, give exact location injury occurs? 21c. WHERE DID (If in Baltimore City, give exact location injury occurs? 21c. WHERE DID (If in Baltimore City, give exact location injury occurs? 21c. WHERE DID (If in Baltimore City, give exact location injury occurs? 21c. WHERE DID (If in Baltimore City, give exact location injury occurs? 21c. WHE					
Burial July 14,	1950 Holy Redeeme	V	Balto.Md.			
JUL 131950	of authorization or	2601-3-5 E. Madison St.	93)			

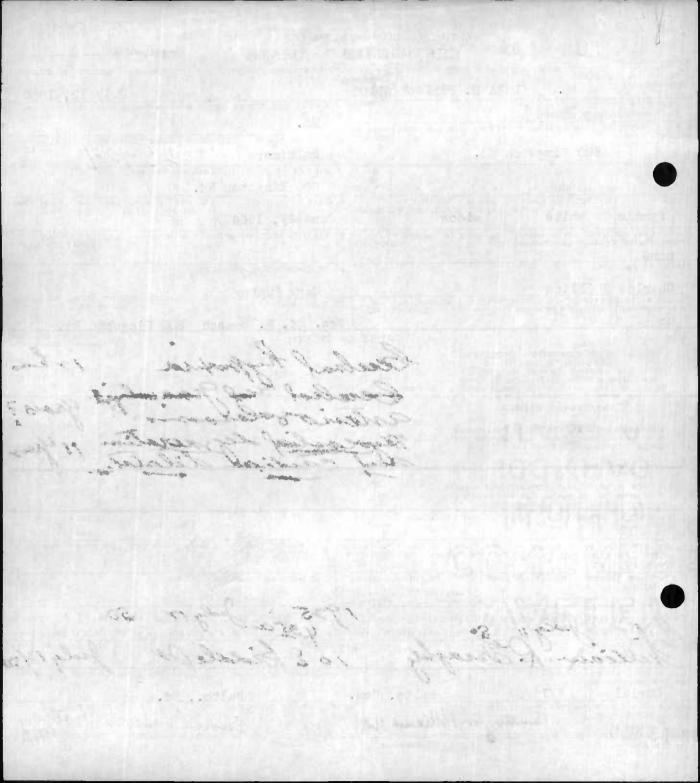


CERTIFICATE OF DEATH

50 6146

BALTIMORE CITY HEALTH DEPARTMENT 6146 Registered No-1. NAME OF DECEASED 2. DATE (Type or Print) CLARA M. HEILIGENSTADT OF DEATH July 12, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 600 Kingston Rd. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 600 Kingston Rd. Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. SINGLE, MARRIED WIDQWED, DIVORCED (Specify) last birthday) Months: Days female white widow June 27, 1864 86 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Phillips Mary Hunter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. no Mrs. Ed. W. Maasch 600 Kingston Rd. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE 22. I hereby certifythat attended the deceased from. m., from the causes and on the date stated above, 19 Se. and that death occurred at. 24A. BURIAL, CREMA-24B, DATE 2.4C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) TION, REMOVAL (Specify) 7/15/50 Burial Balto. Cem. DATE RECEIVED BY 25 FUNERAL REGISTRAR'S SIGNATURE DIRECTOR LOCAL REGISTRAR

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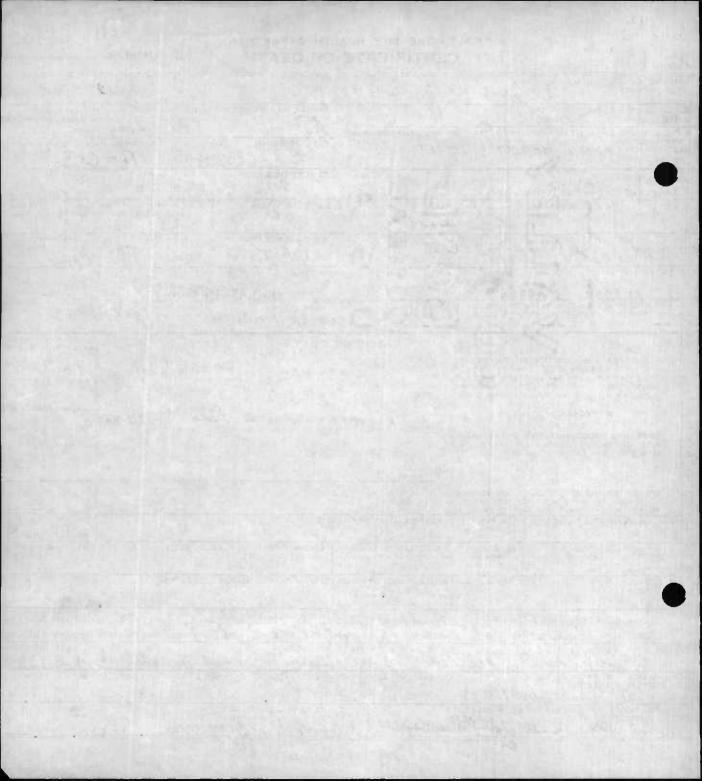
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BI	RTH NO.		CERTIFICAT	E OF DEATH	negistereu	110,
1.	NAME OF DE	ECEASED	. 01.1		2. DATE OF	1 - (
	PLACE OF DE	malle	1 Black	4. USUAL RESIDENCE (DEATH JU	ly 12 1953
A.	Baltimore C	ity, Maryland	102 Veach St	A. STATE	B. COUNTY	before admission)
HC	FULL NAME (SPITAL OR STITUTION	OF (if not in nospit	cal or institution, give street address or location)		f cutside corporate lim	its, write RURAL and give
0				Batto	23	1 -O township)
			Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	Length of st	tay in Baltimore	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	It Under 1 Year If Under 24 Hours
-	note	Cal	WIDOWED, DIVORCED (Specify)	2/4/1873	last birthday) M	lonths Days Hours Min.
10.	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
			N, W	Sa		WHAT COUNTRY
13	. FATHER'S N	AME DA	11-1	14. MOTHER'S MAIDEN N	AME	
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES? 16, SOCIAL	mary to	nes	
Yes	, no or unknown)	(If yes, give war or date	s of service) SECURITY NO.	Rona Bla	ck 11035 3	Sharp St
	18. 59	rx.	CAUSE	OF DEATH		INTERVAL BETWEEN
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	heart failu	not mean the mode ore, asthenia, etc. It mes	of dying, e.g., ans the disease,	- nue , agra	uux	- Culcuster
		complication which	1	10 0		
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	RISE TO TI	OR CONDITIONS, I	STATING THE DUE TO			
2	UNDERLY	ING CONDITION L	AST.			
1		11	(C)			
ER	TRIBUTING	IGNIFICANT COND	NOT RELATED			
0		F OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
A						YES NO
EDI	HOMICIDE	(Specify)	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
2	O. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m. WHILE AT NOT WINLE		A	
	22. I hereby			me 22, 150, to fe		that I last saw the
	deceased al		195 Vand that death Jecu	rred atm., from a	the causes and on	the date stated above.
	No.	hill	Lames M.O.	525 Ws/to	where,	1 7/13/50
	A. BURYAL, C		24C. NAME OF CEMETE	ERY OR CREMATORY 240. L	LOCATION (City town	n, or county) / (State)
DA	ATE RECEIVED	D BY REGISTRAR	5 5 M. Calu	25. RUNERAL DIRECTOR	.N. Col	ADDRESS
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50 6148 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE A LEXAN DER J. BRAD LE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF Ilf not in hospital or institution, give street address or Md. BALTIMORK INSTITUTION UNION MEMORIAL HOSPITAL location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 15 ALTIMORE D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore . 64 yrs 35745+ Mos. 728 8 Days 6. COLOR OR RACE 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) MARRIED TOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 12. CITIZEN OF work done during most of working life even If retired) INDUSTRY WHAT COUNTRY BALTIMORE USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DOLSN'T KVOW 1 7m E 10 B GS Margarete Driscoll Andrew Bradley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (11 yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS TH (Yes, no or nnknown) SECURITY NO. SOK-BERNARd d. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE July 12, 1950 to July 12, 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on July 12, 1950, and that death ofcurred at 1:05 l.m., from the dayses and on the date stated above. 23A. SIGNATURE Glaspital 24C NAME OF CEMETERY OF CREMATORY | 24D. LOCATION (City, town/sr county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial New Cathedral Cem. Baltimore ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 150



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0	614	9			EALTH DEPARTME OF DEATH	77	egistered No.	
	RTH NO.							
Ty	pe or Print)	MR. E.	Ross	FRANC	10		FTH JULY	12,1950
A.]		city, Maryland	Balto.	md.	A. STATE	NCE (Where dec	eased lived. If its COUNTY	titution : residence before admission)
HO	SPITAL OR STITUTION	OF (If not in hospita	al or institution	, give street address or location)	C. CITY OR TOWN	(If outside c	orporate limits, v	vrite RURAL and give
3	and the same	Meren 1	great	And	Balt	.,,	9-	03 township)
c 1	Length of st	tay in Baltimore	4	life Yrs. Mos.	D. STREET ADDRES	ss (If rural, giv	e location)	NY STATE
	SEX	6. COLOR OR RACE	7. SINGLE	Days	8. DATE OF BIRTH	1 9. AGE	(In years) H Uno	er 1 Year It Under 24 Hours
	m	W	WIDOWEI	D. DIVORCED (Specify)		last last	birthday) Montl	ns Days Hours Min.
10A	USUAL OCC	CUPATION (Give kind of f working life, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE S	ate or foreign cou	intry) 12	CITIZEN OF
13.	FATHER'S N	man	Knit	Wear	14. MOTHER'S MAI	mnl		USA
	John	n Fran	este		Ma-	DEN NAME		
15.	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	1	ADD	RESS
	?	(**)		SECURITY NO.	W. Robert F	ranck	631 E.	37th St.
	18. 54	11.1		CAUSE	OF DEATH			INTERVAL BETWEEN
		E OR CONDITION	TH	Cal	+. 1.			6 days
	heart failu	not mean the mode of re, asthenia, etc. It mea complication which of	ns the disease,	(A) Goot	(cause	- un ku	my	- Cours
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		OR CONDITIONS. 1		(B)		************		(me 1)
		HE ABOVE CAUSE (A)		DUE TO				(0,00)
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		IGNIFICANT CONDI		C	U b		11.	
-	TO THE DI	ISEASE OR CONDITION	CAUSING IT.	INDINGS OF OPER	my them b	un chas	sura)	20. AUTOPSY?
		7						YES NO
	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		E OF INJURY (e. g., i n,factory,street,office bldg.,			imore City, give	e exact location)
		Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUI	7?	
	INJURY			ORK NOT WHILE				
	22. I hereby	y certify that I att	ended the de	eceased from du	ly 6, 1950	to July 1	1 , 1910,	that I last saw the
-			, 1910, an		rred at 4:00 Pm.,	from the caus		
	23A, SIGNAT	T. 18	ruch	m M. D.	38. KOPRESS	7 Ho	OV .	23c. DATE SIGNED
24	A. BURIAL, C	REMA- 2 B. DATE	24		RY OR CREMATORY	24D. LOCATIO	(City, town, or	
	Burial	7/15/		New Cath		Bal	timore.	Md.
DA	TE RECEIVED	PAP	S SIGNATUR		25. FUNERAL DIRE	CTOR	A	DDRESS
J	UL 1313	JOU Muching	ton Milli	auca, Aca	own Willb	Van 3000	E. Balt	imore St.

VS 150

Movem 3000 E. Baltimore St. 117 B.

ash if result of autopay slined. cause of gastro restind hemorrhage? couse of gaster intestinal humorrhage was old perforated directed we See Document File 50-6149 8-24-50

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) 763 Edgewood St (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION BON SECOURS [Mon15 D. STREET ADDRESS (If rural, give location) Yrs. Mos. 7.63 Edgenows c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years) AGE (In years | H Under | Year last birthday) | Months | Days Hours: Min. Divorced May 12.1885 .10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baleslady Bakery Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kummer Johanna Eschman 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO Miss Geneva T. Anderson, 22 6404 NTERVAL BETWEEN 18. OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO pull ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES X 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ 1951 deceased alive on // 19. U. and that death occurred at TilsA. m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

LOCAL REGISTROF

BURIAL, CREMA-

DATE RECEIVED BY

VS 150

24B. DATE July 15/50

REGISTRAR'S SIGNATURE

Loudon Pk. 3801 Frederick Rocation (City, town, or county)

25. FUNERAL DIRECTOR

M. D.

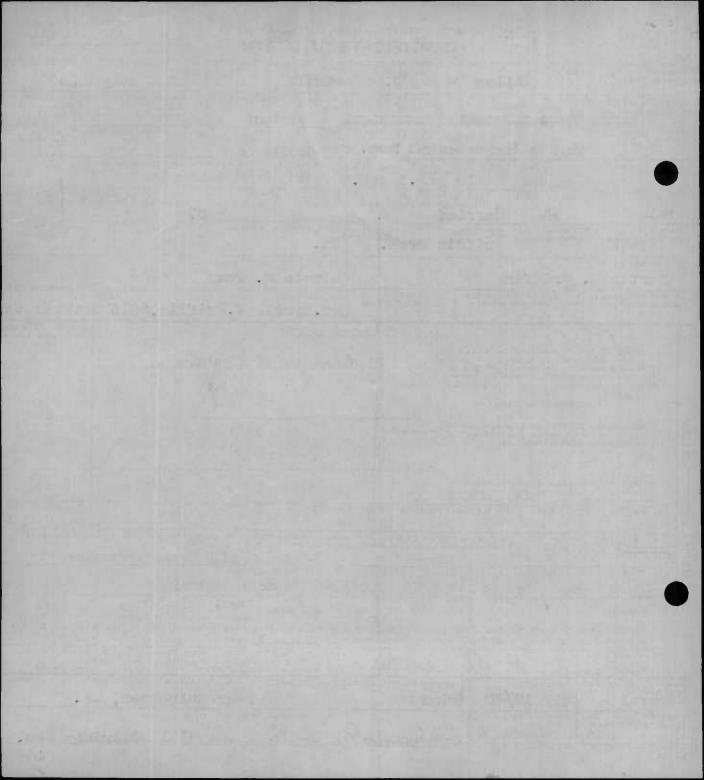
4101 Edmondson Ave

ADDRESS

Balto. 29 . Md.

Spongioblastoma polare. Letter in document file 50-6150-

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CFRTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Allen OF July 11, 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION West Baltimore General Hosp. o. STREET ADDRESS (If rural, give location) mos. 5015 Reisterstown Road 10 yrs.6 ngth of stay in Baltimore Il Under 1 Year If Under 24 Hours 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OR RACE last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male White Married 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of WHAT COUNTRY? work deseduning most of working life, even if retired) Griffin Bros Va. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martin E. Griffin Minnie M. Fox 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onkoown) (If yes, give war or dates of service) SECURITY NO. Ars.Myrtle V.Griffin.5015 Reistersto INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Electrocution by lightning (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING boat home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Front of 5110 Gwynn Oak Avenue Street 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY Struck by lightning July 11 1950 WORK Insp. & Inquiry thereon and from 22. I certify that I took charge of the remains described above, held an _ Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [3], suieide [], homicide [], undetermined []. 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER.... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER.... M.D. MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify), CEMOVAL 24B DATE Dakgrove Culpepper, mear 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR 2 1055



6152

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6152

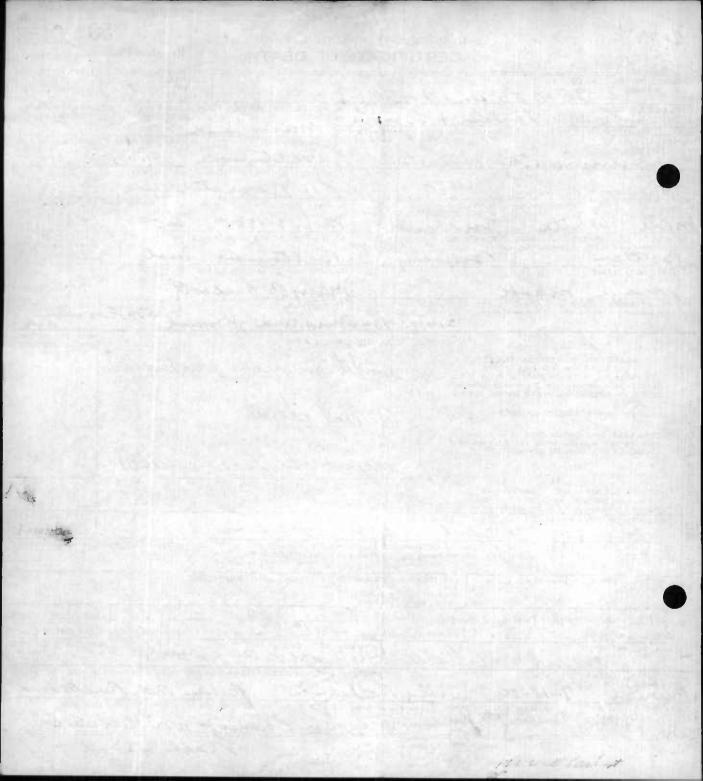
B	IRTH NO.				
	NAME OF DECEASED bype or Print) Beulah	'm. Dickerson		OF DEATH July	12-1950
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit	39 A. Bentaline of	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution: residence before admission)
H	OSPITAL OR ISTITUTION	location)	C. CITY OR TOWN (If	outside corporate limits,	write RURAE and give township)
C.	Length of stay in Baltimore	35 yrs. Mos. Days	D. STREET ADDRESS (If I	cural, give location)	
ライ	SEX 6.COLOR OR RACE		8. DATE OF BIRTH Gug. 10 - 1904		inder I Year If Under 24 Hours ths Days Hours Min.
1C	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	1 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		22. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Ye	(If yes, give war or date	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	43 ^{AD}	Bentagu
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	DIRECTLY ATH of dying, e.g., cans the disease,	of DEATH Removadely ddu	ejs - Yewig	INTERVAL BETWEEN ONSET AND OEATH
RTIFICATION	ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L II OTHER SIGNIFICANT COND	a Ly Illus	······································	9200	
CE	TRIBUTING TO THE DEATH, BUT TO THE OISEASE OR CONDITION		PATION	20. AUTOPSY?	
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg		f in Baltimore City, g	YES NO VE exact location)
Σ	210. TIME (Month) (Day) (Year	r) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE m. WORK AT WEEK		OCCUR?	
	22. I hereby certify that I at deceased alive on	ttended the deceased from, 19, and that death occur	rred at		that I last saw the gate stated above.
	23A. SIGNATURE EUV	Jam M.O. 2	38. ADDRESS	nulf	23c. PATE SIGNED
TI	4A. BURIAL, CREMA- ON REMOVAL (Specify) 7-/J-	The second secon	Park Bo	etting	med . (State)
L	OCAL REGISTRAR	4 141	Les. L. Beyer	pr 1512/de	ellind
9	VS 150	The state of the s		Ralb.2	3 rol 48a

De Eure Home 1202 St. Paul St. 1202 Jan 1

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) SAMES DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION. township D. STREET ADDRESS (If rural, give location) Yrs. ter ane c. Length of stay in Baltimore Days 9. AGE (In years) It Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months Days Hours : Min. WIDOWED, DIVORCED (Specify) male marries 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR, FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION nerne EDICA 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hidg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE - /2 . 19 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 7-/2 . 1950, and that death occurred at 19:30 4m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248 DATE TION, REMOVAL (Specify 1-15-50 Burul 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

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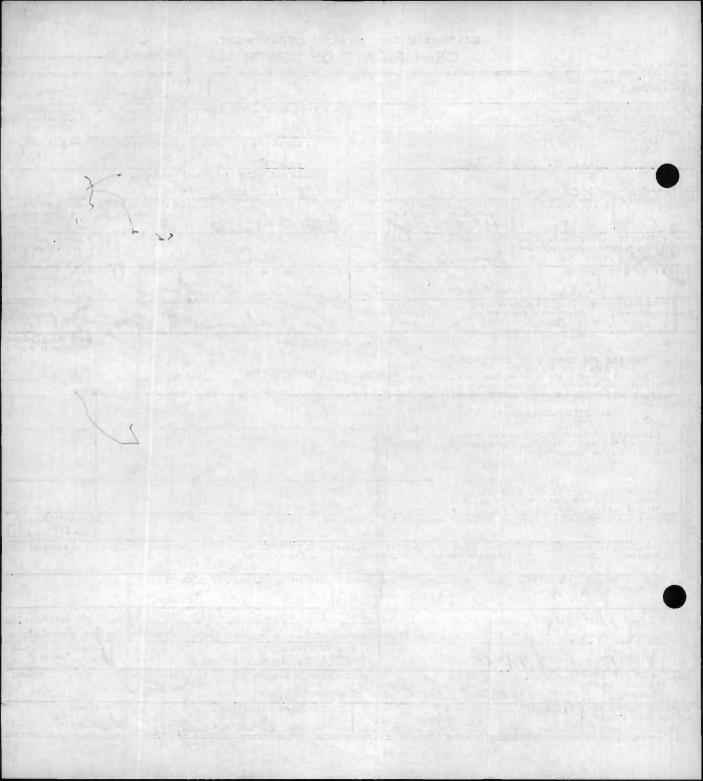
BIRTH NO.			CERTIFICATI	E OF DEAT	H	Registere	d No.	<u> </u>
1. NAME OF D	ECEASED				2.1	DATE		
(Type or Print)	WA	LTER	WOESSN				ily 12, 1	
3. PLACE OF D	City, Maryland	Balti	more	4. USUAL RESID	ENCE (Where	deceased lived B. COUNTY	l. If institution : befo	residence re admission)
B. FULL NAME		al or institut	ion, give street address or	Texa		Harri	5,00	
HOSPITAL OR	00/ 7: 1	7 777	location)	c. CITY OR TOWN		le corporate li	imits, write RU	RAL and give township)
	306 Birkw	rood Pla	ice ****	Hous		give leastion	-40	
ath of a	tan in Daltinian		"2 / Miles		l Cotton	give location	,	
5. SEX	tay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTI	H [9. A	AGE (In years	If Under i Year	H Under 24 Hours
М	W	Wi	ed, Divorced (Specify) Ldower	Sept. 13,	1868 818	ast birthday) 82	Months Days	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZ	EN OF COUNTRY?
Prac	titoner	Christ	tian Science_	Corpus Ch		exas	U.S.	Α.
13. FATHER'S	NAME			14. MOTHER'S MA				
	John Woessne			Fannie (?)			
(Yes, no or unknown) NO	ED EVER IN U.S. ARMEI (If yes, give war or date NO		16. SOCIAL SECURITY NO. NO	Mrs. A. W.	McCallan	n, 306 F	ADDRESS	Place
(This doe heart failt in jury or	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which is one complication which is one complication which is one complication which is one complication with the complication of the complication which is one complication which is one complication which is one complication with the complication of the complication which is one compli	TH of dying, e. 1 ans the diseaseaused death SES FANY, GIVIN STATING TI AST.	(B)	e in ele	ol: \square	Lant D	use a s	
H TO THE D	ISEASE OR CONDITION	CAUSING 1		ATION	•••••••••••••••••••••••••••••••••••••••		20. A	UTOPSY?
٦				Lore Wilens	OLD (Tf. in)	Dalaimana Cit	y, give exact l	NO X
UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., in arm,factory,street,office bldg.,e			Daitimore Cit	y, give exact i	(ocation)
21D. TIME OF INJURY	(Month) (Day) (Year)	m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK					
22. I certi	fy that I took char	ge of the	remains described a	bove, held an In	spection	& Inqui	TY thereon	n and from
the ev	idence obtained by	said Auto	psy, Inspection or l from: natural causes	nguiry, find that	Autopsy, Inspects said decease suicide [], I	sed died on	the day st	ated above, ned [].
23A. SIGNA		1		23B. CHIEF M ASSISTANT M	EDICAL EXAM	INER	July 12.	
24A. BURIAL.	CREMA- 24B. DATE	· Car	24C. NAME OF CEMETE	.D. MEDICAL INV RY OR CREMATORY			wn, or county)	(State)
TION. REMOVAL (S Buri		50 1	Forest Park	3 3 3 3 3	Housto	on. Tex	18.5	
DATE RECEIVE LOCAL REGIST	D BY REGISTRAR			WALLE PL	LUVEL (Zudle	ADDRES:	
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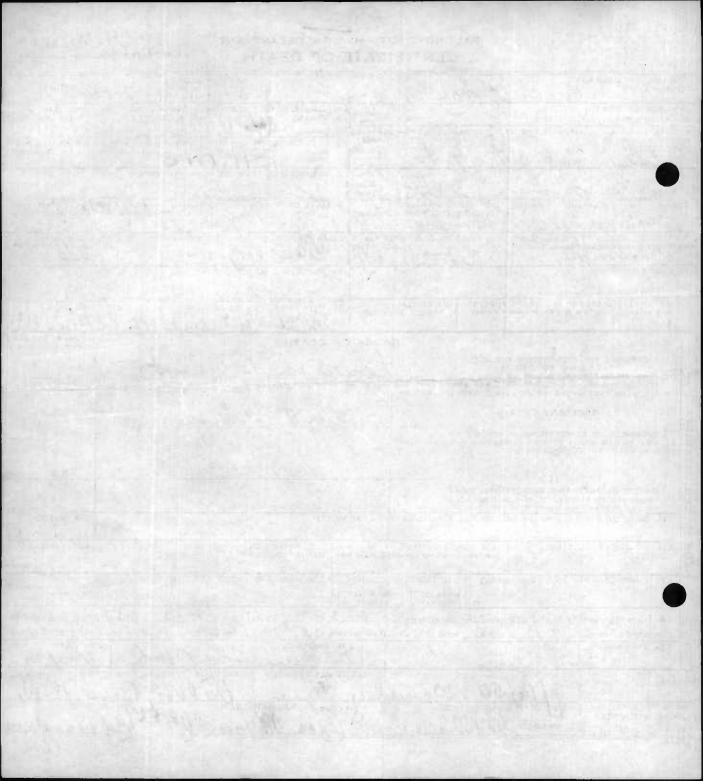
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 6155 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) GEORGE WALKER DEATH July 10, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 624 N. Brice Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 624 N. Brice Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. U PAL OCCUPATION (Givekind of work done of thing metal working life even if retired) BUSINESS OR 1. BIETHPLACE (State or foreign country) 12. CITIZEN OF ing most of working life, even if retired) INDUSTR' WHAT COUNTRY U.S 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, no or unknown) SECURITY NO W. W. # 1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary thrombosis (This does not mean the mode of dying, e. g., few hours heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE July 10 19 50 to July 10 , 19 50, that I last saw the 22. I hereby certify that I attended the deceased from. July , and that death occurred at 11.30 m., from the causes and on the date stated above. 19 50 deceased alive on 238. ADDRESS 3CADATE SIGNED 23A, SIGNATURE 1844 W. North Avenue 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION. REMOVAL (Specify, 25 JUNERAL DIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

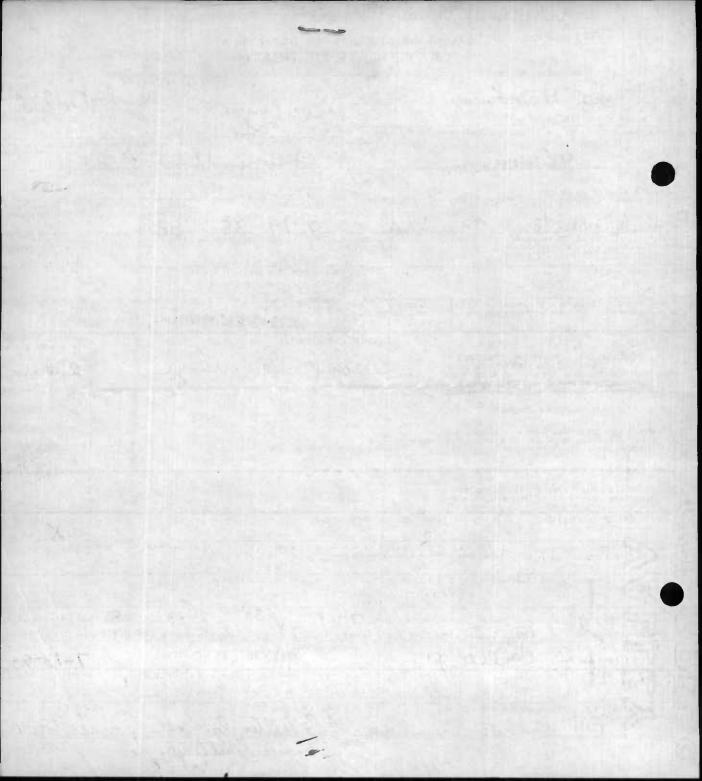
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B	50 IRTH NO.	6156	BAL		TE OF DEAT		Registe		6156
1.	NAME OF D	ECEASED Edith	11/02	ns lea			2. DATE OF DEATH	7-13	-50
	PLACE OF DE Baltimore C	EATH: City, Maryland	0000		4. USUAL RESIDE	NCE (Whe		ed. If instit	
В.	FULL NAME		ital or institut	ion, give street address locatio		· VA	tside cornorate	- 4 d	ite RURAL and give
IN	Sulher	in Hosp. 9	Maril	and	12-A	HKIN	N'S	e minus, wr	township)
40	Length of st	tay in Baltimore		3 WKs Mos		SS (If rur	al, give location	on)	
5.	Female	6. COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Speci	8. DATE OF BIRTH		last birthday		Days Hours Min.
1C worl	A. USUAL OCA done during most of	CUPATION (Give kind of working life, even if retired	I IOB, KINE	OF BUSINESS OR	11. BIRTHPLACE (ST	/			CITIZEN OF WHAT COUNTRY?
13	FATHER'S N		1 / 100	Market	14. MOTHER'S MA	IDEN NAM	E		
15		D EVER IN U.S. ARME	D FORGES	1.00.000	* \	Lincoln			
(Ye	No or nuknown)	(If yes, give war or dat	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	4500	males	4 Pl	Pura ald
	18. 33	BIX		CAUSE	OF DEATH		U		INTERVAL BETWEEN
	E 24 4 2 1 1 1 1 1 1 1	LEADING TO DEA	ATH	Cos	elisal Variab	las aco	ident	A E A	
	heart failu	re, asthenia, etc. It me complication which	eans the diseas	se,					
7		ANTECEDENT CAU	SES	31	nerelized ar	lerend	bronic		
RTIFICATION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L) STATING TI	NG (B)					
F		H		(C)			***************************************		
CER	TRIBUTING	SIGNIFICANT CONE S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	LD					
L				FINDINGS OF OP	ERATION		***************************************		20. AUTOPSY?
EDICA	21A. ACCIDE	NT, SUICIDE,	218. PL/	ACE OF INJURY (e. g	, in or 21c. WHERE D	ID (lf i	n Baltimore (City, give e	YES NO
ED	HOMICIDE	(Specify)	about home,	farm, factory, street, office bld	INJURY OCCU	R?			
Σ	21D. TIME	(Month) (Day) (Year		2 IE. INJURY OCCUP WHILE AT NOT WHI	E	INJURY C	CCUR?		
	22. I hereb	y certify that I at	tended the	deceased from 6	-28 195	0, to	1-13	19.5Qth	at I last saw the
	deceased al		, 1950,	and that death occ	urred at 5 45 A m.,	, from the	causes and		
	23A. SIGNAT	mley RM	cirla	М. D.	Lutheran	Horp	of Ind	(23	1/13/SO
2. TI	4A. BURIAL. CON. REMOVAL (S	CREMA- 24B. DATE pecify) 7/16	150	Would be	TERY OR CREMATORY	24b. Loc	ATION (City,	Best	ou (ty) (State)
	ATE RECEIVE		1 161	JRE	25 FUNERAL PIR	ECTOR	10292	701	DRESS
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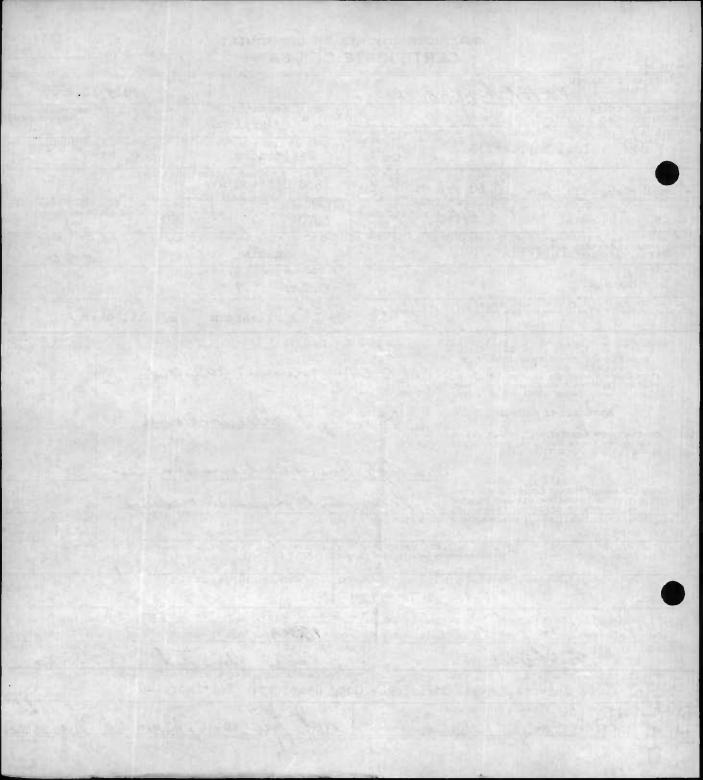


CERTIFICATE CURRECTED	7-20-50
50 615 BALTIMORE CITY H	EALTH DEPARTMENT V 50 6157
	E OF DEATH Registered No.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH July 13, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in Stitution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
INSTITUTION	township)
TOWNS HOPKINS HOSPITEL YES.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 3 days Mos.	R.F.D. #1.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years Il Under 1 Year Il Under 24 Hours
Temple white manied	5-19-88 62
10A. USUAL OCCUPATION (Give kind of work done during most of work done during most of working life, even if retired) [NDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Marion, Indiana U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rabbi Mayer Messing 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Ricca Taphtali
(Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 1011S ROPKINS MOSPITE! - Jack Harding
No - CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	bral hemorrhage 2 days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT	RATION 20. AUTOPSY?
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	YES NO NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	RED 21F. HOW DID INJURY OCCUR?
TINJURY WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	
deceased alive on 7-18, 1950, and that death occur	
	238. ADDRESS HOPKINS HOSPITAL 230. DATE SIGNED 7-13-54
	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Cremation July 17, 1950 Florence Buchs	anan Crematory Indianapolis, Ind.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
	M.C. Mallingly + Sone seonard town
VS 150	Magicine Matherials () Med.
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BIRTH NO.			CERTIFICAT	E OF DEATH	Negis	tered No		
1. NAME OF I (Type or Print)	DECEASED MEYE	1 600	DBERG		2. DATE OF DEATH	July	13,19	950
	City, Maryland			A. STATE	vice (Where deceased			residence re admission)
B. FULL NAME HOSPITAL OR INSTITUTION	Sinai Hosp		ion, give street address o location)		(If outside corpor	ate limits, w	rite RUI	RAL and give township)
c. Length of	stay in Baltimore	50	yrs Yrs. Mos. Days	D. STREET ADDRESS	on Ave	ation)		
5. SEX Male	6. COLOR OR RACE	7. SINGLE	E, MARRIED. PED DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (ln last hirth	years It Unds day) Months	l 1 Year s Days	It Under 24 Hours Hours Min.
10A. USUAL OC ork dopeduring most Retired (CCUPATION (Give kind of the life to the li	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St. Russia		12.	CITIZE	COUNTRY
13. FATHER'S Max Go			112 78 198 1	14. MOTHER'S MAIL	PEN NAME			
15. WAS DECEAS	SED EVER IN U. S. ARME (If yea, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	Esther 17. INFORMANT Mr Jack Silve		Hillda	RESS A.	Ve
heart fail injury on DISEASE RISE TO UNDERL UNDERL OTHER TRIBUTIN	es not mean the mode ure, asthenia, etc. It me remplication which ANTECEDENT CAU ES OR CONDITIONS. THE ABOVE CAUSE (ALYING CONDITION LET CONDITION LET CONDITION LET CONDITION TO THE DEATH, BUT	ans the diseas caused death SES IF ANY, GIVIN STATING TO AST. PITIONS CONTROL OF THE PROPERTY	(B) General (C) Hypera	light arte		dis.		
	OF OPERATION		FINDINGS OF OPER	RATION			UTOPSY?	
HOMICIDE	ENT. SUICIDE. (Specify)	about home,	CE OF INJURY (e. g., arm, factory, atreet, office bldg.,			e City, give	exact k	NO Cocation)
INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		NJURY OCCUR?			
22. I herei deceased a 23A. SIGNA	live on 7-13	tended the	deceased from 2 and that death occu	rred a : 630A m., j	to ?-/3 from the causes ar	nd on the a	late sto	
24A. BURIAL. TION REMOVAL (Burial	CREMA- 24B. DATE Specify) July 14		Ohel Yakov C		Baltimore		county)	(State)
DATE RECEIVE LOCAL REGIST JUL 1 / 10 VS 150	TRAR	s signatu	auto Min	Sol fu	ctor Mone Br	s W	Nu	1126 th an
	· charten	૧ <i>૦</i> ૦ (તેક્ટ	M. followill grown	1 1 1	1		43	9

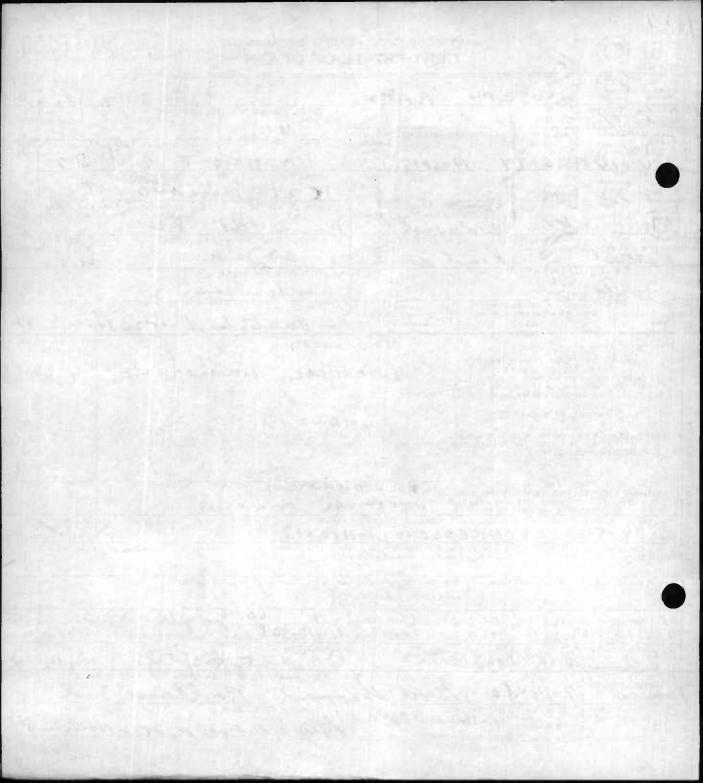


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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF TUSEPH GABF DEATH JULY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits write RURAL and give INSTITUTION UNIVERSIT ISALTIMORE HOSPITAL (If rura), give beatton) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE If Under 1 Year MARRIED BIRTH AGE (In years) It Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months | Days Hours! Min. Widowed 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. NTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LMTE STINAL HEMORRHAGE (This does not mean the mode of dying, e. g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES UNKNOWN DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 CHOLE DUCHUSTOMY PUST OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED INTESTWAL POLYPUSIS TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION ? 20. AUTOBSYT 6-24-50 CHOLEDOCHOLHHIA313 DICA 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from 1950, and that death occurred at 10:50 from the causes and on the date stated above. deceased alive on 234 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-3 Gener DATE RECEIVED BY-25. FUNERAL DIRECT REGISTRAR'S SIGNATUL

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	JU	PION	
gistered	No		

BIRTH NO.	E OF DEATH				
1. NAME OF DECEASED (Type or Print) Josephine Douglas	OF July 10, 1950				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR Baltimore City Hospitals location) 4940 Eastern Avenue					
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1210 Barnes Street				
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) Female Negro Separated	8. DATE OF BIRTH 9. AGE (in years) If Under I Year If Under 24 Hours				
10A. USUAL OCCUPATION (Give kind of ork day effuring most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY?				
Joseph Lockley	14. MOTHER'S MAIDEN NAME Hester DAVIS				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or usknown) (If yos, give war or detes of service) SECURITY NO.	Records: 4940 Eastern Avenue				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	tensive Arteriosclerotic iovascular Disease Pyelonephritis				
TO THE DISEASE OR CONDITION CAUSING IT					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY MILE AT WORK NOT WHILE AT WORK					
decreased alive on July 10, 19 50, and that death occurred at 3:10Pm., from the causes and on the date stated					
	238. ADDRESS 4940 Eastern Avenue 23c. Date signed 7-12-50				
24A. BURIAL, CREMA- TION REMOVAL (Specify) 7/15/50 AING + QU	een Con Many 4 Queen Con VA.				
DATE RECEIVED BY REGISTBAR'S SIGNATURE LOCAL REGISTRAR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CHAS. R. LAW MORTUARY-802 MADISON AV				

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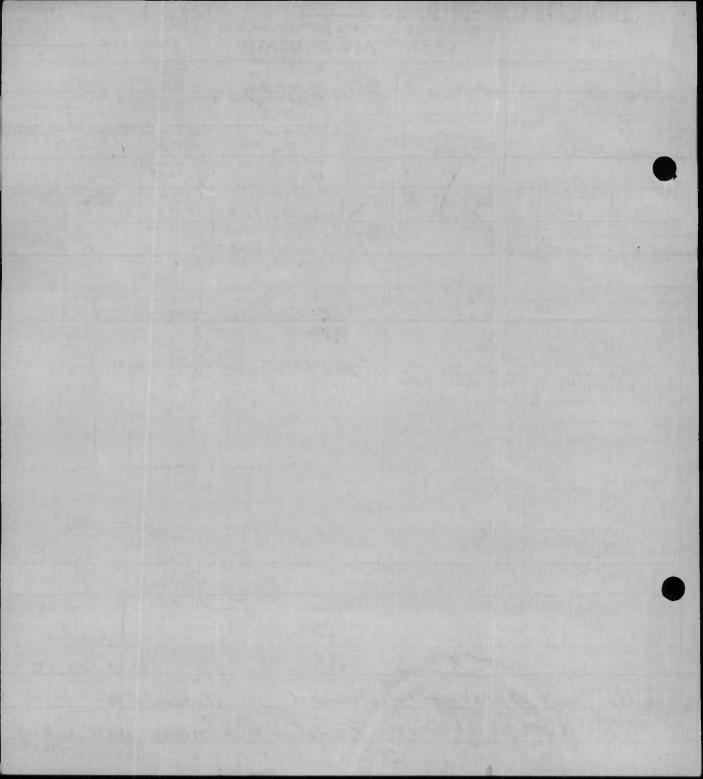
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF July 13, 1950 SM ITH MARY ELIZABETH DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE, MD B. COUNTY A STATE before admission) B FULL NAME OF (If not in hospital or institution, give street address or MARY LAND HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township BALTIMORE PITAL For The Yrs. p. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore HILLDALE PLACE 3408 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (ln years) Il Under 1 Year 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. 4-9-65 Fe MALE white 6,100weD 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Glyckind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY House wife MARYLAND 14. MOTHER'S MAIDEN NAME FRANK PELTZER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. MRS. GRACE 3408 Hill Dale PLACE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION | 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) | INJURY OCCUR? 7-11-50 21A. ACCIDENT. SUICIDE. (If in Baltimore City, give exact location) HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE 22. I hereby certify that I attended the deceased from July 11, 1950, to July 13, 1950, that I last saw the deceased alive on July 13, 1950, and that death occurred at 435 A.m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE ON (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION REMOVAL (Specify) Same PREGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

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В	RTH NO.			CERTIF	ICATI	OF DEATI	Н	register		
(1	NAME OF D		6.	cille	m	Dond	2	OF DEATH	7/13/5	-0
Α.		City, Maryland				A. STATE	NCE (Wher	e deceased live		n : residence efore admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF ('f not in hospit	al or institut	ion, give street	address or location)	C. CITY OR TOWN	(If out	side corporate	limits, write I	tural and give township)
7	VN100	Merenal	17076	ra/	Yrs.	D. STREET ADDRE	ESS (If rura	al, give location	12-0	<u> </u>
-		tay in Baltimore			Mos. Days	819 1	11. 3	3rd	5~	1174-2
5.	SEX	6. COLOR OR RACE		MARRIED.	ED (Specify)	8. DATE OF BIRTH	9.	AGE (in year last birthday)		If Under 24 Hours Was Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KINE			11. BIRTHPLACE (S	o 7/ State or foreig	n country)	1 12. CIT	IZEN OF
WOr.	k done during most	of working life, even if retired)			NDUSTRY	Vinges	na		WH.	AT COUNTRY?
13	FATHER'S	NAME ?		•		14. MOTHER'S MA	IDEN NAME			
15 (Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARMET	FORCES? s of service)	16. SOCIAL SECURI	ITY NO.	17. INFORMANT	P	orwood	ADDRESS	4
_				_		BEATRICE	M.F	DRWARD	-819W	332057
MATION	DISEASE	SE OR CONDITION LEADING TO DEA' not mean the mode of the asthenia, etc. It men complication which of ANTECEDENT CAUS SOR CONDITIONS. I HE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g ns the diseas caused death SES F ANY, GIVIN STATING TH	e,) DUE TO (B)	<i>f</i>)	godensno		Oraca		ET AND DEATH
-ICA		н		<u>(C)</u> .						
ERTI	TRIBUTING	SIGNIFICANT CONDI TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D						
Ö.				FINDINGS	OF OPER	ATION			20	AUTOPSY?
DICAL		NAL CAUSE WAS OR CONTRIBUTING		CE OF INJUI			ID (If in R?	Baltimore Ci	ty, give exact	
ME		(Month) (Day) (Year)	` '	21E. INJURY	OCCURRE NOT WHILE	21F. HOW DID	INJURY O	CCUR?	97.	
	22. I certi	fy that I took char	gc of the	remains des	scribed a	bovc, held an		مدوراء	there	on and from
	the cvi	idence obtained by ath in my opinion	said Auto	psy, Inspec rom: nature	tion or I: al causes	nguiry, find that	said decca	ection or Inquised died on homicide	the day s	stated above,
	23a. SIGNA	TURE P.P.	Tul	ren-shi	M.	238. CHIEF ME ASSISTANT ME D. MEDICAL INVE	DICAL EXA		23C. DATE	SIGNED
	NA. BURIAL, ON REMOVAL (S		150	Holy	Leole	errev	24b. LOCA	low (City, to	Pol.	Med (State)
Di Li	TE RECEIVE	REGISTRAR	1 1/1 21	idus, in	7	25. FUNERAL, DIRE	ECTOR)	rovan	ADDRE	Poland
VS	151	J. Carlotte	70.000			ALL A	17		937	weig)



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 50-13247 1. NAME OF DECEASED 2. DATE Baby Girl Dukes July 1, 1950 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals location) c. CITY OR TOWN (If outside corporate limits write RURAL and give township) 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1018 N. Eutaw Street (1) c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. June 30, 1950 Female Negro 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Horace Dukes Helen Barneff 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMABialtimore City Hospitales (Yes, no or unknown) SECURITY NO. Records: 4940 Eastern Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Prematurity (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE .
UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-Subarachnoid Hemorrhage TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, atreet, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT 1950 to July 1 1950 that I last saw the 22. I hereby certify that I attended the deceased from June 30 1950 and that death occurred at 11:15An., from the causes and on the date stated above. deceased alive on July 1 23B. ADDRESS 23c. DATE SIGNED 7-10-50 M.D. 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE B. C. H. Crematory Cremation Baltimore, Maryland DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS

LOCAL REGISTRAR

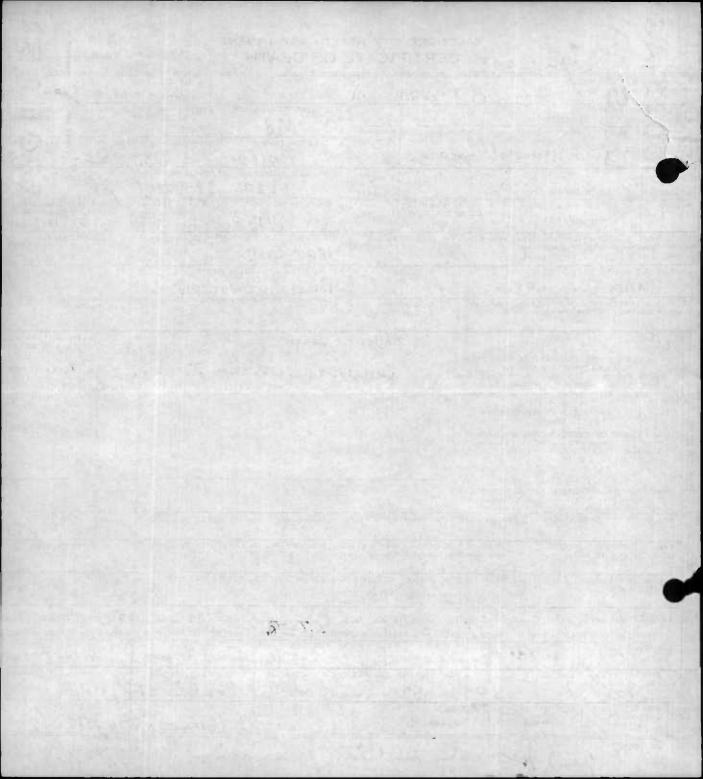
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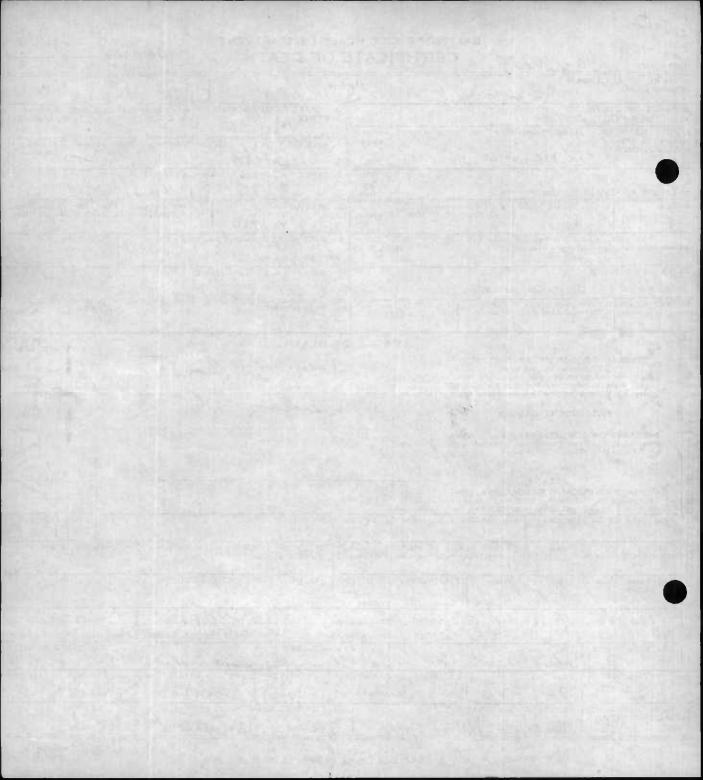
- NEU-IX MARK UT	EALTH DEPARTMENT E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: ROWA	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location INSTITUTION I	
c. Length of stay in Baltimore Yrs. Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	D. STREET ADDRESS (If rural, give location) 3 4 S. L. loyd St.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME ROWAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	14. MOTHER'S MAIDEN NAME E/6/E
(Yes, no or unblown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT HOSPITAL ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of DEATH a cranial hemorrhage when it
OTHER SIGNIFICANT CONDITIONS CON- H TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ about home, farm, factory, atreet, office bldg.	
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT WORK NOT WHILE AT WORK	
deceased alive on 7-10-, 1950, and that death occu	rred at I m., from the causes and on the date stated above
Almy of seidel M.D.	18THS MOPLIES HOSPITEI July 10, 1950
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY 24D. LOCATION (City, town, of county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
VS 150	160a

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6	BALTIMORE CITY HEALTH DEPARTMENT 50 6165						
BI	50 NO. 61	165-1-13	458	CERTIFICATI	E OF DEATH	Registered No.	
1. (T	NAME OF D ype or Print)		_	CURRIE "A	10	2. DATE OF DEATH WLY	6,1950
	PLACE OF DE Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If ins	titution: residence before admission)
В.			al or instituti	on, give street address or location)		f outside corporate limits, w	wite BUBAT and aim
	CTI TI CAL	UNION MEMOR	MAL HE		BALLO.	12-0	township)
			N 8 1	Yrs.	D. STREET ADDRESS (If	101-	
-		tay in Baltimore		Mos. Days	11	St. PAUL S	t
5,	F	WHITE		E. MARRIED, ED, DIVORCED (Specify)	JULY 4, 1950	9. AGE (In years Month	s Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	MARY LAND	oreign country) 12	. CITIZEN OF WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN N		
15		s W. Curr			BILLIE CONO	LLEY	
(Yes	, was DECEASE , uo or uukuown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
	18. 77	6 X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		т	1.50	1 27 12-5	2 140 1140
	heart failu	not mean the mode re, asthenia, etc. It mes complication which	of dying, e. g ans the diseas	e,	INSITY (LUSS THAT	0 27 WKs.)	2 9411 11 11/15.
		ANTECEDENT CAU	SES				
NO.		S OR CONDITIONS,		lG .			
CERTIFICATION		THE ABOVE CAUSE (A)		HE DUE TO			
IFI		11		(C)			
ER.		IGNIFICANT COND					
U		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		0					YES NO
EDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City, give	exact location)
N	D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WORK NOT WHILE			
				deceased from Jul		ULY 6, 1950t	hat I last saw the
	deceased at		_, 1950_,	and that death occur	rred at 1122 Pm., from t	he causes and on the	date stated above.
	ZSA. SIGNA	chard R	. Bes	eh M.D.	Elwan Venous	1 Book.	7-7-50
24 TIC	N. REMOVAL (S	Decity		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (Oity, town, or	county) (State)
D	DATE RECEIVED BY I REGISTRANS SIGNATURE 125, FUNERAL DIRECTOR ADDRESS						
	OCAL REGISTRAR SIGNATURE 25.7FUNERAL DIRECTOR ADDRESS						
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600	SALTH DEPARTMENT 50 6166
50 6166 BALTIMORE CITY HE	
BIRTH NO. 50 -/ 3459 CERTIFICATE	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) Baby Girl Currie &	DEATH JULY 4, 1150
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Md.
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Union Memorial Hospital	Balto. 12-02 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	3222 ST Paul ST
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years it Under I Year in Under 24 Hours last birthday) Months: Days Hours: Min.
F White	JULY 4, 1950 6 2/
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
	Maryland.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James W. Currie	BILLIE Conolley.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or nnknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 77/V . CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Immaturity-less Than 6hr. 21 mm
(Ams does not mean the mode of dying, e. g., (A)	1 mm matority - less / have 6 hr. 21 mm
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES 27	weeks.
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
N N N N N N N N N N N N N N N N N N N	YES NO
21a. ACCIDENT. SUICIDE. 21a. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	
N N N N N N N N N N N N N N N N N N N	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	luly 1, 1950, to doly 4, 1950, that I last saw the
deceased alive on July 4, 19 JD, and that death occurr	red at 5:10 pm., from the causes and on the date stated above.
23A. SIGNATURE 23	3B. ADDRESS . 23c. DATE SIGNED
Mahere Danis Cox. M.D.	Union memoral Thospital July 4 1950
24A. BURIAL, CREMA- 24B. DATE 10N, REMOVAL (Spesify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
(remated 1-5-50 morphemore	Moderal Borge - 10' mox.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
111 14 1950 Churchicator Villiams, ALA	yancy Willian Dept. 139
VS 150	Pallology.
(with parents willer	1 periodesion 00



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEMSED

(Type of Frint) Clarence 7.	are - 121	yce	OF DEATH	uly 12 - Si
A. Baltimore City, Maryland	0	4. USUAL RESIDEN	Where deceased livel,	If institution; residence before admission
B. FULL NAME OF Af not in hospital or institution,	give street address or location)	c. CITY OR FOWN	Pal. Park	Are
INSTITUTION A. GAINK B	Institute.	C. CITY OR FOWN	divoltside corporate ilm	its, write RURAL and giv
To go agine !	Yrs.	D. STREET ADDRES	S (If rural, give /veation)	
c. Length of stay in Baltimore	Mos. Days		mix.	
	ARRIED, DIVORGED (Specify)	2-18-1	904 4 (last hirthday)	ff Under Year If Under 24 Hours Min
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF work done dwing most of working life, even if retired)	BUSINESS OR WIDUSTRY		ate or foreign country)	12. CITIZEN OF
13. FATHER'S NAME		14. MOTHER'S MAIL		
Mulknown - Slar	ا	_ U	nprour	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, sive war or dates of service) 3-15-27 3-16-36	6. SOCIAL SECURITY NO. 2/3-05-785	17. INFORMANT	Eva Hecker	Towson St
(18. 443 X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	w Hypa	et tonsive	Arterioscle	rotic 9 mos.
injury or complication which caused death.)	DUE TO	46410192	calar Dise	13.6
ANTECEDENT CAUSES				
O DISEASES OR CONDITIONS, IF ANY, GIVING	(B)		••••••••	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OUE TO			
0	()			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

CAUSE OF DEATH

O. TIME (Month) (Day) (Year) (Hour)

WHILE AT

22. I hereby certify that I attended the deceased from July 12 . 19 and that death occurred at 10,5 deceased alive on July 12

24c. NAME OF CEME

REGISTRAR'S

21E. INJURY OCCURRED

25. FUNERAL DIRECTO

23B. ADDRESS

21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

m., from the causes and on the date stated above.

, 1950, that I last saw the

23c. DATE SIGNED

20. AUTOPSY

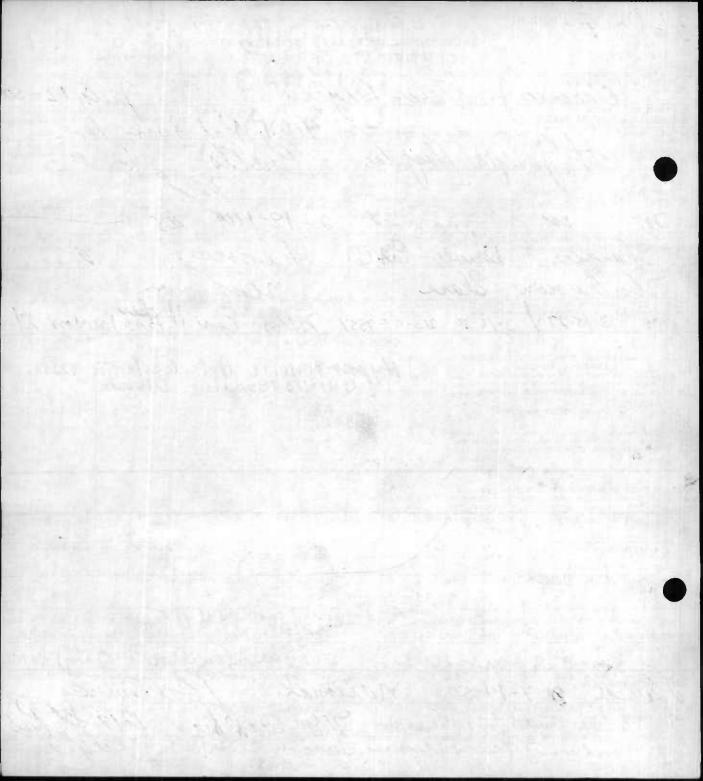
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DATE RECEIVED BY

23A. SIGNATURE

U

MEDICAL



5	36	
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50	6168
gistered No	

6168 BALTIMORE CITY HE CERTIFICATE	-
1. NAME OF DECEASED (Type or Print) Rosa Bender	2. DATE. 7/11/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
1909 E. North ave	Balto 8-05 township
c. Length of stay in Baltimore Mos.	1909 E. Morth aux
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify)	B. DATE OF BIRTH 9. AGE (In years If Under I Year If Under I Year In Under I
10A. USUAL OCCUPATION (Give kind of work done during most of working life five if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Balto. Md.
Vohn Tober	Mary Markoff
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	albent Bender 6227 Faindell av
7 7 2 1	OF DEATH INTERVAL BETWEE ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Cer	ebral Hemorrhage 2 week
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	eriosclerotic Cardio-
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	colar pizeaze
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bide, et	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., et	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK AT WORK	2 1F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1	-3 1950 to 7-11 , 1950 that I last saw th
deceased alive on 7-11, 1950, and that death occurr	red at 2. P. m., from the eauses and on the date stated above
Willen H. Tusten M.D. /	1 5. Chru 20, 17-13-50
24a. BURIAL, GREMA- HON REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETER 4/14/50 24C. NAME OF CEMETER	Park Balto, Md. (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
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V3 130	937

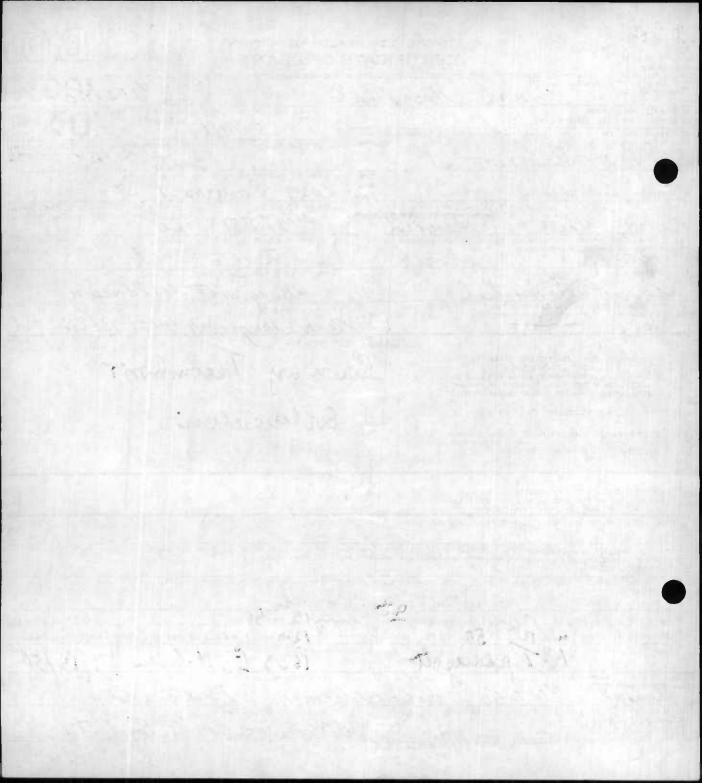
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BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) osen Tha OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before dmission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Joung15E Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under | Year 9. AGE (In years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED lannie 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Virza 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LUGUST 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yee, no or uokoown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I aptended the deceased from-, 19___, that I last saw the 12.4.m., from the causes and on the date stated above. deceased alive on_ 19_50. and that death occurred at_ 23A. SIGNATURE 238. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-C. NAME OF CEMETERY OF CREMATORY THON REMOVAL ISDEEDLY Buriak 2204181 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

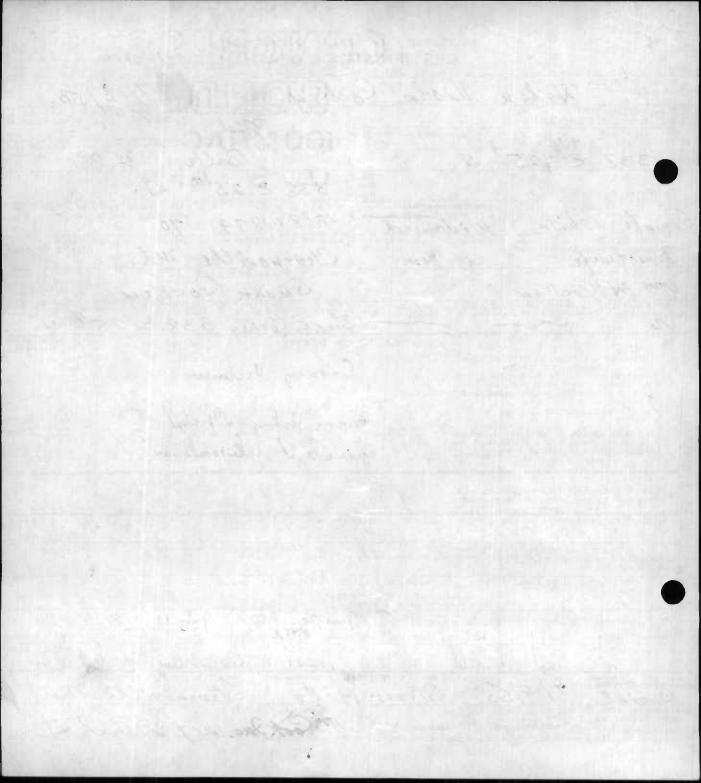
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CERTIFICATE OF DEATH Registered No. 61.0 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	L OI DEATH	
1. NAME OF DECEASED YELAN Viola Co	sckey 2. DATE 7/13	150
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USULL RESIDENCE (Where deceased lived, If inst	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1338 & 25 th St.		vrite RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rurek give location)	
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. STRIGE: MARKED.	938 6, 23 - 4.	er 1 Year If Under 24 Hours
Temale White Widowed	12/8/1879 last birthday) Month	
108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
4rm H. Cockey	Susan Cockey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	17, INFORMANT ADDRESS & . 25	RESS T
18. Han. / CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	C 0. 1 .	- AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Cooney Occlusion	***************************************
ANTECEDENT CAUSES	a 4 10.	,
DISEASES OR CONDITIONS, IF ANY, GIVING	may arting Direase	4
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	una lezis arterioschusio	:
	0	
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINIS 19B. MAJOR F	RATION	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.		exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE INJURY NOT WHILE AT NOT WHILE		
22. I hereby certify that I attended the deceased from	June 20, 1950, to July 13, 19 50, to	hat I last saw the
deceased alive on July 1 . 1950 . and that death occu	rred at 8:45 A.m., from the causes and on the c	date stated above.
P. 1 17.111	1221 N. Lugem au	3c. DATE SIGNED
24A. BURIAL, GRENA- 24B. DATE 24C. NAME OF CEMETE	ERY OR GREMATORY 240 LOCATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	villa Szorasvilla 25. FUNERAL DIRECTOR	DDRESS
LOCAL REGISTRAR	45th Cook Jac 1217 St. Paul	lot
VS 150		949
		11



BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.			CERTIFICAT	E OF DEATH	Regis	stered No.	U.1. 7 a.
1. NAME OF DE (Type or Print)	CEASED MA. A	Pobert	ENOES.		2. DATE OF DEATH	14/9/	3,1950
3. PLACE OF DE A. Baltimore C B. FULL NAME C	ity, Maryland	Son Sec	orrs Hosp.	4. USUAL RESIDEN			tution: residence before admission
HOSPITAL OR	(**************************************		location			ate limits, wr	ite RURAL and giv
c. Length of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	1	ation)	
Hale	6. COLOR DRACE		MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In	day) Months	Days Hours Min.
10A. USUAL OCC	CUPATION (Give kind of Application)	108. KIND	OF BUSINESS OR INDUSTRIBLE	Balto.	te or foreign country) 12.	CITIZEN OF WHAT COUNTRY
Sylvesta		Mose		14. MOTHER'S MAIL	EN NAME	6	
Yes, no or unknown)	D EVER IN U.S. ARMEI (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	el 1005	ADDR May	ESG 945.
beart failur injury or DISEASES RISE TO THE UNDERLY OTHER SI	LEADING TO DEA not mean the mode or, asthenia, etc. It mos complication which of ANTECEDENT CAUSES OR CONDITIONS, IT ARE ABOVE CAUSE (A) ING CONDITION LA	of dying, e.g. ans the disease caused death SES IF ANY, GIVIN STATING TH AST. ITIONS CON	(B)				
TO THE DI	TD THE DEATH, BUT SEASE OR CONDITION F OPERATION	N CAUSING I		RATION		***** ************	20. AUTOPSY?
	NT, SUICIDE, (Specify)		CE OF INJURY (e. g., arm, factory, street, office bldg.			e City, give	exact location)
Σ	Month) (Day) (Year		VHILE AT NOT WHILE WORK AT WORK		NJURY OCCUR?		
22. I hereby	certify that I att	tended the	deceased from 6	- 25, 1950, rred at 8.35 am., f	to 7-13 rom the causes ar	_, 1950, th	at I last saw th
23A. SIGNAT	URE	Vian		301 SCOVES	Hosp	2	3c. DATE SIGNED
24A. BURIAL, OTTON ACMOVAL (ST	rectry) 7/12	150	Mradow	Ridge	Sorge Conse	21	ounty) (State)
DATE RECEIVED LOCAL REGISTE	RAR	1 1/A	Miana, M.J.	25. FUNERAL DIRECT	1217 St.	Paul .	DRESS
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TRANSPORTED BUILDING

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16 Hospital D	15 POSa)			50 0000
BIRTH NO. 150 - 14023		EALTH DEPARTMENT E OF DEATH	Registered N	50 6172
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH:	Cladyo	ymer)	2. DATE OF DEATH	y 12,50
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or i	nstitution, give street addless or	4. USUAL RESIDENCE (V	B. COULTY	institution: residence before admission
HOSPITAL OR HOMES HOPKINS HU	Innation \		outside corporate limit	2 -0 Stownship
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	4
Jemsle regro "	INGLE, MARRIED.	B. DATE OF BIRTH 7- 0- 50		Under I Year If Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME {	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknowo) (If yes, give war or dates of ser	Vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST.	CTLY ng, e.g., discase, death.) DUE TO (B) (GIVING ING THE (C)	OF DEATH EMATURITY		INTERVAL BETWEE
TRIBUTING TO THE DEATH, BUT NOT I	RELATED SING IT.			
V	AJOR FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING abou CAUSE OF DEATH	B. PLACE OF INJURY (e. g., in t home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (Inte.) INJURY OCCUR?	f in Baltimore City, g	rive exact location)
21D. TIME (Month) (Day) (Year) (House	r) 21E. INJURY OCCURR. WHILE AT NOT WHILE AT WORK		OCCUR?	
22. I hereby certify that I attended deceased alive on 12, 19	d the deceased from 300 and that death occur			hat I last saw the date stated above
Henry M. Se	idel M.D.	COMMO INC.	DEPTHAL	July 13, 19
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	Host Drift	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE OF THE PROPERTY O	Williams, Ma	25. FUNERAL DIRECTOR		ADDRESS
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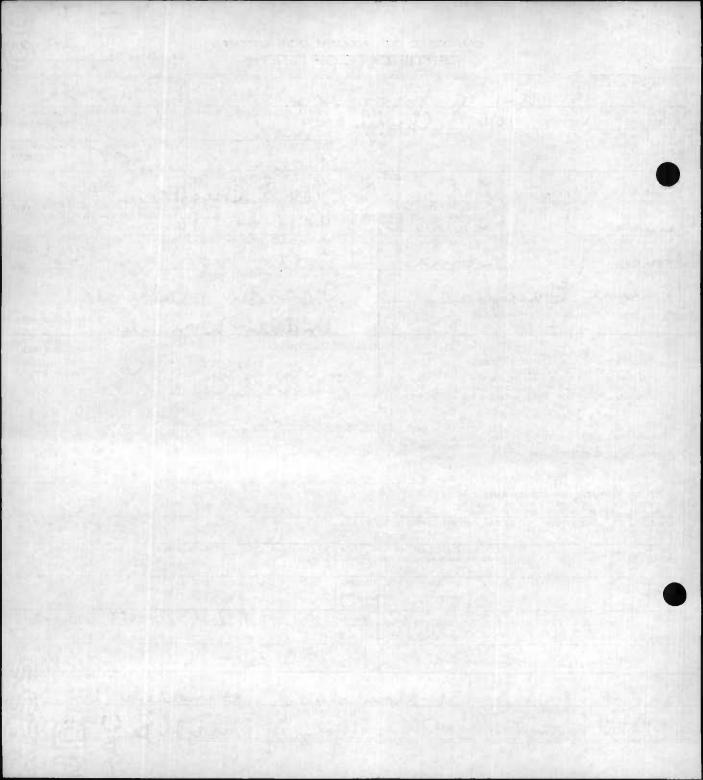
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BALTIMORE CITY HEALTH DEPARTMENT

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BI	RTH NO.	CERTIFICATI	E OF DEATH	Registered N	0
1.	NAME OF DEGEASED ype or Print)	t. W one	siale)	2. DATE OF DEATH 7-1	2-50
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institu	S. Chestel	A. STATE	(Where deceased lived, If i	nstitution; residence before admission)
H	FULL NAME OF (If not in hospital or institution)	location)		(If outside corporate limits	, write RURAL and give township)
	Longth of stay in Political	44 Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	L
-	WIDO	E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mon	Under I Year H Under 24 Hours ths Days Hours Min.
		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	one	14. MOTHER'S MAIDEN	NAME	U.S.
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of the vice)	16, SOCIAL SECURITY NO.	Trances 17. INFORMANT	maller	DORESS ON T
	10 11		andrew OF DEATH	Womiale	(INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Pare	bal Klemme		ONSET AND DEATH
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc injury or complication which caused dea	ase,	ft Hem	plagie	
217	ANTECEDENT CAUSES	(B) Su	your last .	Zusuffice.	7.
21 2	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			8
A I I IL II	II OTHER SIGNIFICANT CONDITIONS of				
1	TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			20. AUTOPSY?
1	21a. ACCIDENT, SUICIDE. 21a. PI	ACE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City, g	YES ND
MIL	HOMICIDE (Specify) about home	e, farm, factory, street, office bldg.,		IRV OCCUP?	
(INJURY m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended the deceased alive on July 11, 1950	e deceased from UC	red at 5 Q1 m., from	, , , , , , , , , , , , , , , , , , , ,	that I last saw the edate stated above.
	23A. SIGNATURE Window Sturger	m.D.	20 × 9 final	in an.	7/14/50
710	N. REMOVAL (Specify)	St. Stani	Slaus 240.	LOCATION (City, town,	Ove md
L	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE MILE	John & De	ida Inc. 5	829 Hudson

VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, 1/ institution : residen A Y COUNTY A. Baltimore City, Maryland before admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits rite RUBAL and give INSTITUTION township) LTIMORT (If rural, give location) Yrs. D. STREET ADDRESS Mos. LOUNDA! c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months! Days | Hours | Min. IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign equatry) 12. CITIZEN OF work done during most of working life, even if reffred) WHAT COUNTRY itchen Hand 13. FATHER'S NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES " URINAR ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

DUE TO POPH

21F. HOW DID INJURY OCCUR?

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION

21c. WHERE DID

218. PLACE OF INJURY (e.g., in or INJURY OCCUR?

about home, farm, factory, street, office hldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE!

WORK

22. I hereby certify that I attended the deceased from

deceased alive on 7/12 . 1950 and that death occurred at

238, ADDRESS

25. FUNERAL DIRECTOR

240. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

:> Pm., from the causes and on the date stated above. 23c. DATE SIGNED

. 19 . that I last saw the

24A BURIAL, CREMA DATE RECEIVED BY LOCAL REGISTRAR

21A. ACCIDENT, SUICIDE,

HOMICIDE (Specify)

INJURY

23A. SIGNATURE

BURIAL, CREMA-

24B. DATE

REGISTRAR'S, SIGNATURE

to may

24C, NAME OF CEMETERY OR CREMATORY

19

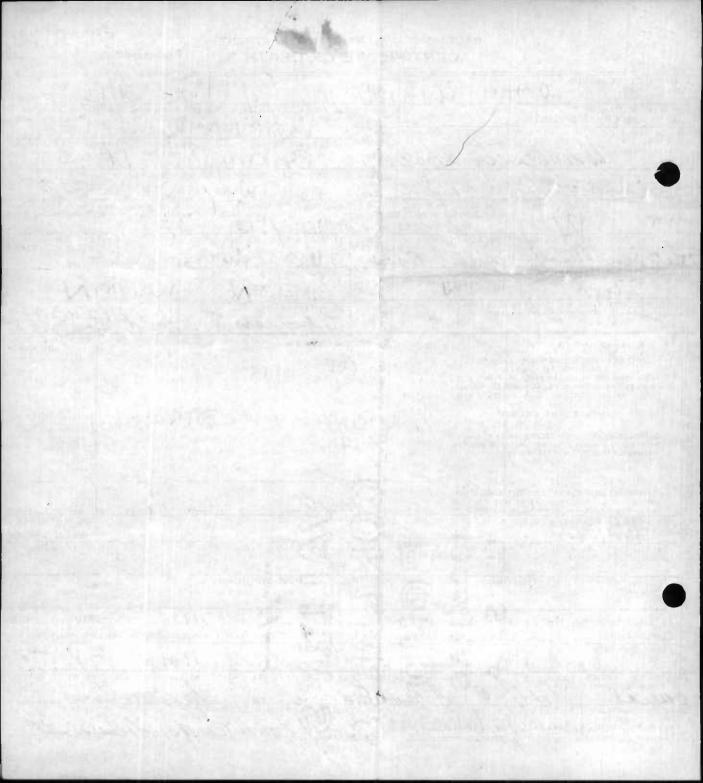
ADDRESS

20. AUTOPSY

VS 150

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3 2 G 50 6175

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50. 6175 Registered No.

I. NAME OF DECEASED (Type or Print) MARCHS F.	RITGER, SR.		2. DATE OF 1-1-1 17 1050
3. PLACE OF DEATH:	ariasa, sa.	4. USUAL RESIDENCE (W	DEATH July 13, 1950 //here deceased lived. If institution : residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, g		A. STATE	B. COUNTY before admission)
HOSPITAL OR	loeation)	c. CITY OR TOWN (If	outside eorporate limits, write RURAL and give
O Dumbarton Ave.		Baltimore	9-01 township)
	Yrs.	D. STREET ADDRESS (If	rural, give location)
c. Length of stay in Baltimore	Mos. Days	637 Dumbarton	Ave
5. SEX 6. COLOR OR RACE 7. SINGLE. MA WIDOWED, I male white marrie	DIVORCED (Specify)	8. DATE OF BIRTH 90	9. AGE (in years M Under I Year II Under 24 Hours last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekinder) IOB KIND OF	BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 12. CITIZEN OF
rork dooe during most of working life, even if retired) Reporter Newspape:	INDUSTRY	Mo meland	WHAT COUNTRY?
13. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NA	AME
Frank Ritger		Catherine Purz	A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL	17. INFORMANT	ADDRESS
(Yee, oo or unknown) (If yes, give war or dates of service)	SECURITY NO. 3-03-2180		Ritger - 637 Dumbarton Ave
100 1/5		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	11) DEATH	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	IV chi	marlo, 000	Kidya o USOW
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) 4		- wenter
	DUE TO V	1 1/	
ANTECEDENT CAUSES	15/01	mola ti Her	1 D) seene
DISEASES OR CONDITIONS, IF ANY, GIVING	(B) M.M.M.		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO SIA	77 da 10 0	301 1 Tellowas low
	(C)///	June June June June June June June June	for when the
II /		1/10 N/	1
OTHER SIGNIFICANT CONDITIONS CON-	100/10/	in & Mala	tail ox
TO THE DISEASE OR CONDITION CAUSING IT.	DINGS OF OPER	ATION	20. AUTOPSY?
The state of the s	DINGS OF OFER	ATTON	YES NO
	OF INJURY (e. g., io		f in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, ferm, fe	ctory, street, office bldg., et	e.) INJURY OCCUR?	
	INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?
MHILE m. WOR			
22. I hereby certify that I attended the dece	41	7 149 :0 1	In 13, 1957, that I last saw the
			he causes and on the date stated above.
234. SIGNATURE 91. / MA.	23c/DATE SIGNED		
I mala W. Things	м. р.	009 Evergeen	are 14 7/13/50
TION. REMOVAL (Speelly)	NAME OF CEMETER	RY OR CREMATORY 240. LC	OCATION (City, town, or gounty) (State)
Burial 7/15/50 / 1	Holy Redeeme	er Cem. Ba:	lto., Md.
DATE RECEIVED BY REGISTRAR & SIGNATURE	liance M. m.	25 FUNERAL DIRECTOR	ADDRESS
O The state of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J.m. J. July	mer V Jans - Veallo
UL 4=4=1950	0 3 /	0.0	WW.
	0360	23 7 6	1310

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6176

BIRTH NO.	CERTIFICATI	E OF DEATH	registeret	I No.
1. NAME OF DECEASED	MARIE RABBE		2. DATE OF DEATH	uly 13, 1950
s. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF Anderson Nursi INSTITUTION 3604 Mohawk Ave.	tution give street address or ng Home location)	A. USUAL RESIDENCE (VA. STATE Md. C. CITY OR TOWN (If Catonsville)	Where deceased lived.	If institution: residence before admission, mits, write RURAL and give township
c. Leigth of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If		2.00
female white 7. SING WID	Z/ Days GLE, MARRIED, GWED, DIVORCED (Specify) widowed ND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH Aug. 21, 1873 11. BIRTHPLACE (State or for	9. AGE (in years last birthday)	If Under 1 Year Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY
	t home	?	A 145	1 WIA. COOKIA
Joseph Raiber 15. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, no or unknown) (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	Louise Berner 17. INFORMANT Mr. F. Bowie S		ADDRESS Philpot St.
DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthonia, etc. It means the dis injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABDVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e.g., (A) Ard ease, ease, ath.) DUE TO COMPANY (B) COMPANY (C)	of DEATH eno selermis betes lunary Ed	end	INTERVAL BETWEEN DNSET AND DEATH
OTHER SIGNIFICANT CONDITIONS (TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSING	ATED			
21A. ACCIDENT WAS LINDER. 1 218. F	OR FINDINGS OF OPER PLACE OF INJURY (e. g., in me, farm, fectory, atreet, office bldg., e	n or 21c. WHERE DID (f in Baltimore City	20. AUTOPSY? YES ND 7, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m 22. I hereby certify that I attended t	The state of the s			that I last saw th
22. I hereby certify that I attended to deceased alive on Jan. SIGNATURE	and that death occur	red at 11.13 m., from t 38. ADDRESS 20 2. Preston		the date stated above
24A. BURIAL. CREMA- TION, REMOVAL (Specify) Burial 7/15/50	24c. NAME of CEMETE Greenmount	Cem. Bal	to., Md.	
DATE RECEIVED BY REGISTRAR'S SIGNA LOCAL REGISTRAR	TURE	25 FUNERAL DIRECTOR	uer Hars	Early Md

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5	61	7	7
ВІ	RTH N	0.	
1.	NAME	OF	DEC

50 6457

O.	201		BAL				INT	Danistan	J.W.	OLE	-
BIRTH 1	٧٥.			CERTIFICA	ATE	OF DEATH		Registere	d No		
1. NAME (Type or	Print)	GEASED SE	TAL 1	LEAH T	151	915K15		OF DEATH	7-13	3-50	2
	e of De more Ci	ATH: ity, Maryland				STATE				tion : resider before adm	
HOSPITA	NAME C	of (If not in hos	pital or institut	on, give street addre	·	. CITY OF TOWN	(If outsi	de corporate li	mits_write	RUKALar	nd give
INSTITU	TION	619/10/	work	le st		Baltin	non	ا ا	5-	0	nship)
c. Leng	th of st	y ay in Baltimore		10 M	rs. D	STREET ADDRESS	(If ruly),	give location)	(1)	XX	
5 SEX		6. COLOR OR RAC	E 7. SINGLE	MARRIED.	8	DATE OF BIRTH		GE (In years			
envo	ue	UPATION (Give kin	ma	rried		2		18			
ork done du	ring most of	working life, even if retin	red)	OF BUSINESS OF		BIRTAPLACE (State	e or toreign	country)	12. C	HAT COU	VTRY?
	HER'S N				14	MOTHER'S MAIDE	EN NAME				
15. WAS	DECEASE	EVER IN U. S. AR	UED FORCES	16. SOCIAL	0	sther					
Yes, no or t	unknown)	(If yes, give war or o	lutes of service)	SECURITY N	0.	exal Su	etak	is -	ADDRE	3m	e
18.	44	2 X .		CAUS	SE OF	DEATH")			IN	TERVAL BET	TWEEN
	DISEASI	E OR CONDITIO	N DIRECTLY		00	(M)	9 0		1	10	DEATH
ne	his does art failur	not mean the mode, asthenia, etc. lt i	le of dying, e. g neans the diseas	e.	M	1. 1109	-0-6	und	els	10	gren
10,		complication which		.) DUE TO							
5 DI	SEASES	OR CONDITIONS	S, IF ANY, GIVIN	(B)	2	***************************************					
RI	SE TO TH	IE ABOVE CAUSE	A) STATING TH	E DUE TO	0	1:	Ken	al No	re.la	10	4.
		11		(6)		caro -	Jun	des	cas		1 m
I TE	RIBUTING	GNIFICANT CONTO THE DEATH, BEASE OR CONDIT	UT NOT RELATE	D						0	
		OPERATION		FINDINGS OF O	PERAT	ON			701111111111111111111111111111111111111	O. AUTOPS	SY7
21A.	ACCIDEN	NT, SUICIDE, (Specify)		CE OF INJURY (e		21c. WHERE DID	(If in	Baltimore Cit			
	JURY (I	Month) (Day) (Ye	V	THE AT NOT W	HILE	21F. HOW DID IN	JURY OC	CUR7			
22.]	herebu	certify that I	m. attended the	deceased from	RK L	1949	· Xae	le 1319	Sothat	I last sa	w the
dece	ased ali	vc on		and that death/or	courro	lat Hm. fr	for the ca	uses and or	the dat	e stated a	boye.
N.	SIGNATI	en leur	Janu	lesis M. D.	23B.	ADDRESS W	Won	the	239	DATE SY	STO STORY
110N. BE	IRIAL, CE	REMA- 248. DATI	150	4c. NAME OF CEM	ETERY	OR CREMATORY 2	4D. LOGAT	ION (City, to	wn, or cour	(8) A	itate)
DATE RE	CEIVED	BY REGISTRA	R'S SIGNATU	RE.	25	FUNERAL DIRECT	TOR /		ADDE	RESS	
LOCAL	REGIETE	350 huite	water Mu	liams, Miss		O sach.	Ter	veb		9	

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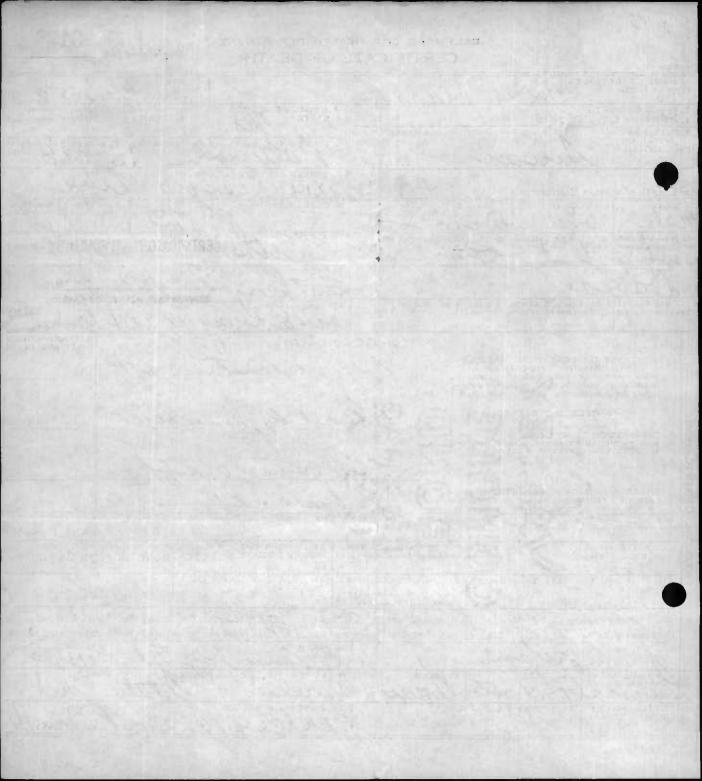
Jose Willer Hill

160 0 6178

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6178

BI	RTH NO.			CERTIFICATI	E OF DEATH	neg.stere	
	NAME OF DE			C.1		2. DATE OF	2-12-50
_	PLACE OF DE	MORK	15	SHAPIRO	4. USUAL RESIDENCE	DEATH	7-/3-50 If institution: residence
A.	Baltimore C	ity, Maryland	1		A. STATE	B. COUNTY	before admission)
H	FULL NAME O	OF (II not in nospit	ai or instituti	on, give street address or location)	C. CITY OR TOWN (I	f outside corporate li	nits, write RURAL and give
IN	STITUTION	Dunc	w		Tallence	re 1	5-08 Bwnship)
1				Yrs. Mos.	D. STREET ADDRESS (II	roral, give location)	(110
		ay in Baltimore		Days	2214 NOR	eyro .	
14	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	last hir ay)	Months Days Hours Min.
10	A. USUAL OCC	CUPATION (Give kind of	108/KIND	OF BUSINESS OR	11. BIRTUPLACEUSING or	foreign country)	. J J2_CITIZEN.OF
orl	tions during most of	(working life, even if retired)	261	NDUSTRY	1 un	CERTIFICATION	APPROVED BOUNTRY
13	FATHER'S N	AME	- Ca	, 00 0	14 MOTHER'S MAIDEN D	MOME A 1/1	0
	1)av	ed			Esthers	Mariley (& K	M. D,
15 Ye	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	1) INFORMANT	White on Australia	ADDRESS (
				SEGORITI NO.	toselle Kris	eger 22.	14 Noskyw
	18. F.G	03.5.		CAUSE	OF DEATH	1.	ONSET AND DEATH
	DISEAS	E OR CONDITION		11	001	-	
	(This does	not mean the mode	of dying, e. g	(A) (A)	dural pluse	unca, lofs	
		re, asthenia, etc. It mea complication which			· ·		
		ANTECEDENT CAU	SES	1.1.	0 1 /	11.1	_
Z	DISEASES	OR CONDITIONS,	F ANY GIVIN	(B)	www wygsa	ma regis	
TY	RISE TO TI	HE ABOVE CAUSE (A)	STATING TH				
Ü				M	Of hartens 11	repetal	
F		11		(C)(a proma		<u></u>
ER	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D ///	lumary la	lema	Fred Military
0		F OPERATION 1		FINDINGS OF OPER	RATION	•	20. AUTOPSY?
AL							YES NO A
	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	21B. PLA about home,	CE OF INJURY (e. g., i		(If in Baltimore City Llking down	y, give exact location) Roslyn Ave.
ME	Acci			Street	towards his b		
7	INJURY	Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE	W-11 h-1		t striking
	July	1, 1950	Pm.	WORK AT WORK	head		
		y certify that I at			7 - 6 , 1950 to		So, that I last saw the
	deccased al		_, 19.50,		rred at 7:35/m., from	the causes and or	the date stated above.
	1	Kulla	neb	Л м. р.	1 Amai	Hospilal	7-13-50
24	BURIAL, CON REMOVAL (S)	/ 1/		240 AME OF CEMETE		LOCATION City, to	wn, or county) (State)
X	wie	17-14	40	Mac V	Trall	Dan	o ma
Di	ATE RECEIVED				15. FUNERAL DIRECTOR	().	ADDRESS A
	JUL 14	1950	11/ 10/01	lliams, Mis	ack selves	ALC 2100	sellanof
	VS 150	^1		500/	1		101
	V	N-801.	0	2746	# 100		186a



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JAMES F. ROBERTS July 13. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 1404 Towson Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1404 Towson Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | f Under | Year | ft Under 24 Hous | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) male white 30 married June 6, 1920 10A. USUAL OCCUPATION (Givekindnf) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Stevedore (retired, Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin A. Roberts Mary E. O'Brien 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Mary E. Roberts 1404 Towson Street CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rheumatic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about hame, farm, factory, street, affice bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT autopsy 22. I ecrtify that I took charge of the remains described above, held an thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses 🖾, accident 🖂, suicide 🖂, homicide 🖂, undetermined 🗀. 23A. SKINATURE 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER....
MEDICAL INVESTIGATOR July BURIAL, CREMA 24B. DATE 248. NAME OF CEMETERY OR CREMATORY 24D_LOCATION (City, town, or county) RECEIVED BY REGISTER V S 151

SMEANS ACCES FRANCIS OF THE BROWN LINE guery of sheer. The herer was present, to not noticed time of hith De Frederic of not, not, Africa 18-7-411

620 CERTIFICATE CORRECTED 8-2-50	50 64R0
50 6180 - BALTIMORE CITY HEALTH DEPARTMENT	0 0100
BIRTH NO. CERTIFICATE OF DEATH Register	ed No.
1. NAME OF DECEASED Raphael Schersa: 2. DATE OF DEATH	uly 12. 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A STATE B. COUNTY	ed. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
INSTITUTION (If outside corporate	township)
Yrs. D. STREET ADDRESS (If rural, rive location	R)
c. Length of stay in Baltimore Days 14 d 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	7
Male minus Thavied Jan. 23.177. 6263.	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work dooe during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	J
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16, SOCIAL 17 INFORMANT	
(Yee, no or uokoowo) (If yee, give war or detee of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Churca 143	19. Bank st.
18. /70 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, fectory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, fectory, street, office bldg., etc.) INJURY OCCUR?	ity, give exact location)
INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
	1960 that I last saw the
deceased alive on 7/12, 1954, and that death occurred at 7/2, m., from the causes and of 23A. SIGNATURE 23B. ADDRESS	
1. Home & term	23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, to Tion Removal (Specify)	cown, of county) (State)
Burial July 15:1950 Holy Redeemy. Belan 190	rao
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
JUI 14 1950 TELES TON TON TON TON PELL 3128	Highland are
97042	50
	C

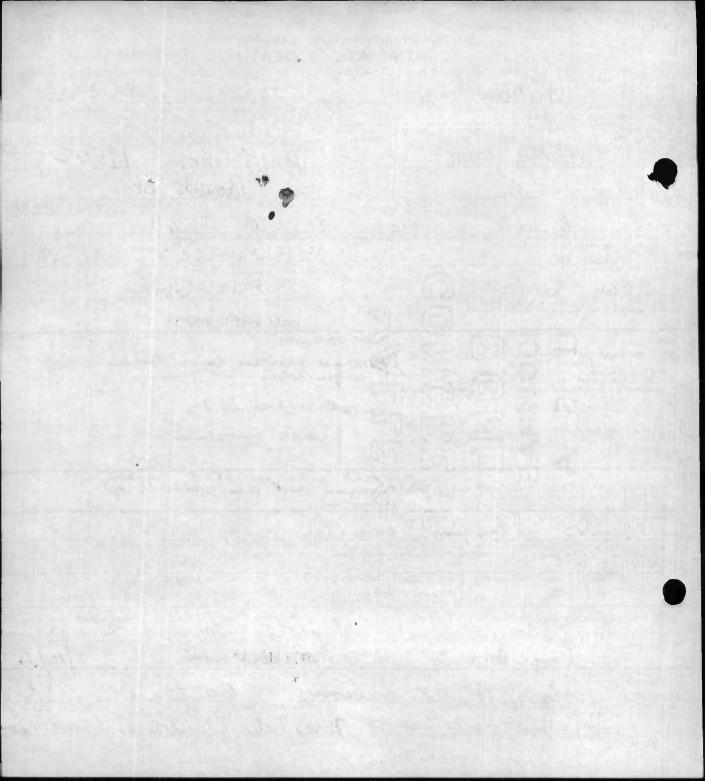
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BALTIMORE CITY HEALTH DEPARTMENT

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Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) W/1/19m OF (THIPH 455632 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR JUNS HUPKINS HUSPITAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township D. STREET ADDRESS (If rural, give location) Yrs. Mos. n. Moount c. Length of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (in years) If Under I Year last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) married olor 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY abover 13. FATHER'S NAME Pan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO LOUIS HOPEINS HOSPITAL 18. INTERVAL BETWEEN CAUSE OF DEATH 50.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Bilateral gangene lowe LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Surveyered full heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Istuction and TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш wanna 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 15 June 50 Dry ganhere Corver Cinb? 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. EDI ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING . CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) F INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WHILE! , 1950. and that death occurred at 140 Am from the 22. I hereby certify that I attended the deceased from 5-6-. 195 Othat I last saw the deceased alive on 7-A.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED BOTTO OF THE SHEET SHEET 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Miria DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Thurtugton / Miacus, Mil



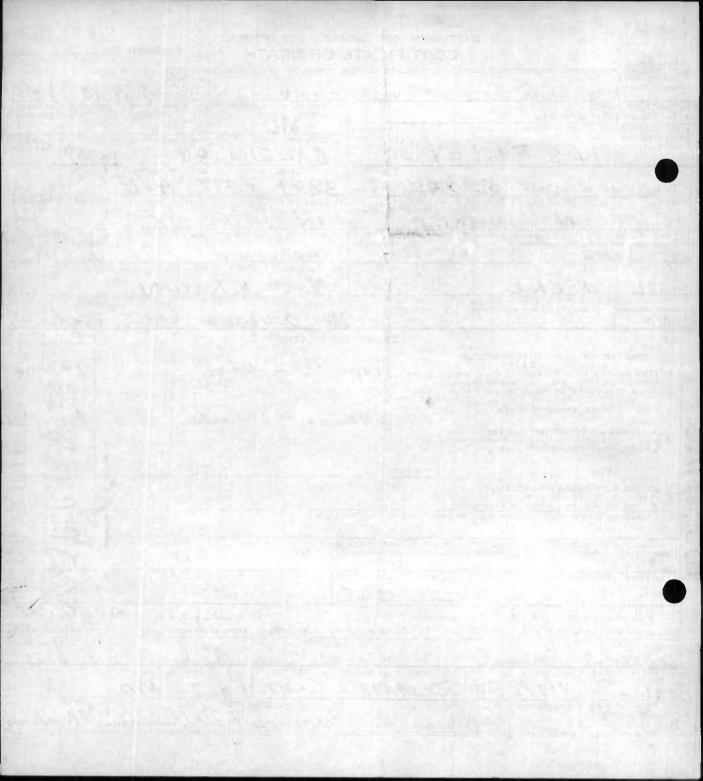
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LANKENAU BALTIMORE CITY HEALTH DEPARTMENT

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EF	TI	FICA	TE OF	DEATH	Registered N

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	/ 0 /	10 11 011	2. DATE OF 1. 1.1	12 19 = 1
MRS. ANNA MARG	ARE! FANT	4. USUAL RESIDENCE (W	DEATH CIULY	titudian : residence
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institu	ition, give street address or location)	S SITY OF TOWN	outside componete limit	
INSTITUTION 614 S. FAGL		BALTIMO	outside corporate limits v	township)
014 3. 1 1162				7
Fa	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore 50	E. MARRIED.	8. DATE OF BIRTH	1 706	der 1 Year If Under 24 Hours
WIDO'	WED, DIVORCED (Specify)	10/1/	9. AGE (In years fl Uno last birthday) Month	ns Days Hours Min.
	KIED	11. BIRTHPLACE (State or fo	73	
ork done during most of working life, even lf retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of 10	reign country) 12	WHAT COUNTRY?
AT HOME		GERMANY		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
CARL SPOERL		NOTKA	IOUNI	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
NO	NONE	MRS. DOULOW	3 614 5.	Fagley ST.
18. /J/X	CAUSE	OF DEATH .		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	,	A		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.	T,	a alexantion	w and the same of	19 Hours
heart failure, asthenia, etc. It means the dises injury or complication which caused dea	ase,	2		
	,			
ANTECEDENT CAUSES	Care	inma of Stone	R	6 months,
DISEASES OR CONDITIONS, IF ANY, GIV	ING	d	W. a. Continue of the continue	
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO	V		
				1000
11	(C)			***************************************
OTHER SIGNIFICANT CONDITIONS CO				
TO THE DISEASE OR CONDITION CAUSING	R FINDINGS OF OPER	ATION		20. AUTOPSY?
134. BATE OF OFERATION D	K FINDINGS OF OFER	ATTOR		YES NO
21A. ACCIDENT, SUICIDE. 21B. PL	ACE OF INJURY (e. g., ic	or 21c. WHERE DID (I	f in Baltimore City, give	
HOMICIDE (Specify) about home	, farm, factory, street, office hidg., e	ic.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
INJURY	WHILE AT NOT WHILE			
m.	WORK AT WORK			
22. I hereby certify that I attended the				
deceased alive on July 12 , 1950				
23A. SIGNATURE		3B. ADDRESS	0	23c. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE	M. D. 7	-636 Beloin 19	OCATION (City, town, or	county) (State)
TION, REMOVAL (Specify)	SOHWARTZ'		17: 110	(2000)
50MIAL 1/1/30	JOHWARIZ -	10.75	10. NID.	DDBESS
DATE RECEIVED BY REGISTRAR'S SIGNAT	III .	25. FUNERAL DIRECTOR	1.11 0	DDRESS
14 1900 mutuator 11	Misula, Missail	Carence T. A	commission	prossivay
VS 150	ga Average To the		/	1110
	O Company	4 1 0 57		4613



CERTIFICATE OF DEATH

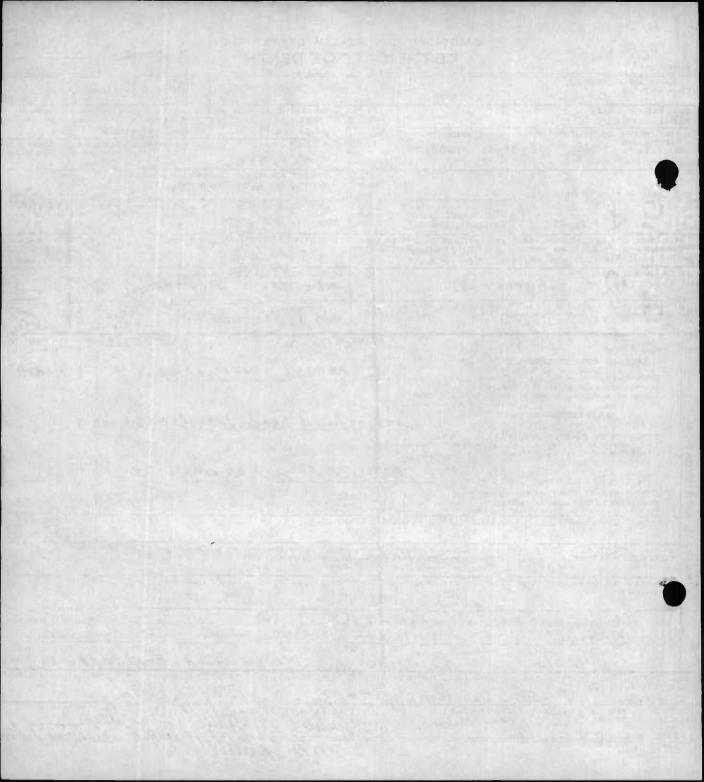
50 6183

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH JULY 13, 1950 FRANK WAXTER 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND BALTIMORE HOSPITAL OR UNION MEMORIAL HOSPITAL location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. ALTAMONT HOTEL c. Length of stay in Baltimore Dave 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Linder 1 Year 5. SEX 6. COLOR OR RACE last birthday) Months; Days Hours: Min. WHITE MARCH 17, 1877 MALE WIDOWED IOA. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) WHAT COUNTRY SUJQUE HANNA INDUSTRY RETIRED ENTREPRENEUR MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM P. WAXTER MARGARET SPRUCEBANK 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT LOMBARDY APTS (Yes, no or uuknown) (If yes, give war or dates of service) SECURITY NO. MRS. LESLIE HERBERT NO 220 STENEY RUN LANE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY C. EREBRAL LEADING TO DEATH HEMORRH 16E MONTH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) MYPERTENSIVE CARDIOVAS EVLAR DISEASE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. IC ARTERIOSCLEROSIS GENERALIZED 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION DICA (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from JULY 7, 1950, to JULY 13, 19-50, that I last saw the deceased alive on 13, 1950, and that death occurred at 11:150 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Union menional Rosales 18 Vyly 1450 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A, BURIAL, CREMA-Baltimore Burial DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE huntrialor / Villand, Mill

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6184 Registered No.

NAME OF DECEASED 2. DATE (Type or Print) OF WYNIE COLEMAN FRANKLIN DEATH July 13 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City. Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Georgia HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Johns Hopkins Hospital Swainsboro D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Widowed 11-26-90 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Retired (Housewife Georgia II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Coleman Fannie Lake 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No J. H. H. Records INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull fracture with contusion of brain (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. CXXXXX and cerebral hemorrhage injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. Psychotic depressive reaction with OTHER SIGNIFICANT CONDITIONS CONsuicidal intendency TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218, PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING I OR CONTRIB. UTING | CAUSE OF DEATH. Street Favette and Wolfe Sts. 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT Jumped in front of streetcar 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23c. DATE SIGNED 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER.... July 13. MEDICAL INVESTIGATOR 24A. BURIAL, CRIMA-TION, KIMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 249. LOCATION (City,town, or county) 24B, DATE DATE RECEIVED BY LOCAL REGISTRAR

THE STREET, SHEET STREET, SHEET STREET,

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH DENCE Where deceased lived. If Institution: residence before admissi 3. PLACE OF DEATH: 4. USUAL RE A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) (If rural, give location) 100 N. Milton Ave c. Length of stay in Baltimore SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OR RACE last birthday) Months: Days WIDOWED DIVORCED Hours : Min. 100WED 11. BIRTHPLACE (State or foreign country 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTR work done during most of working life, even if retired) INDUSTRY House wite 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If the give war or dates of service) 16. SOCIAL SECURITY NO NTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY eno Carcinoma
of the Rectum LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Osclantic Heart Assesse

INJURY OCCUR?

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 29 June 195 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 1950 21c. WHERE DID 218 PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE

22. I hereby certify that I attended the deceased from.

23A. SIGNATURE

... 1956, that I last saw the , 19 50, and that death occurred at deceased alive on 141 _m., from the causes and on the date stated above. 238. ADDRESS

248. DATE TION REMOVAL (Specify)

24C. NAME OF CEMETERY OR CREMATORY

ADDRESS 2120

(If in Baltimore City, give exact location)

DATE RECEIVED BY EGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

VS 150

INJURY

EDI

HIASIS HOWATER OF HIS Service Services 2 x groups White mile TASIFSTORA HUXRY TOMOS PERSONS 3

CERTIFICATE OF DEATH

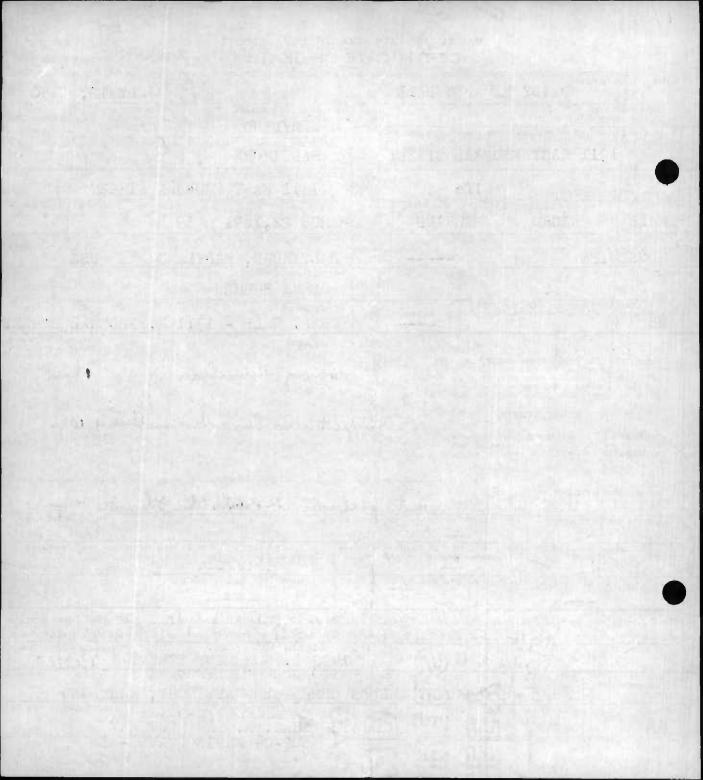
50 6186

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ 1. NAME OF DECEASED 2. DATE (Type or Print) DAISY EDWARDS HALL DEATH JULY 12, 1950 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1311 EAST FEDERAL STREET BALTIMORE o. STREET ADDRESS (If rural, give location) Yrs. Mos. Life EAST FEDERAL STREET c. Length of stay in Baltimore Days ast birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED DIVORCED (Specify) FEMALE MARCH 22,1891 NEGRO 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
HOUSEWIFE INDUSTRY WHAT COUNTRY BALTIMORE, MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EMMA HOLMES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No CHAS. HALL - 1311 E. FEDERAL STREET NTERVAL BETWEEN CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES entensine Curdes Vascula Misure 10 yo DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baitimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? O. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT AT WORK and 30. 19 5 0to 12 1956 that I last saw the 22. I hereby certify that I attended the deceased from. 19.50, and that death occurred at 10.13 fm., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 238. ADDRESS 23A. SIGNATURE 142**0** E. MONUMENT 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-C. NAME OF CEMETERY TION, REMOVAL (Specify) CEMETERY BALTIMORE, MARYLAND DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

MADISON AVE -VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

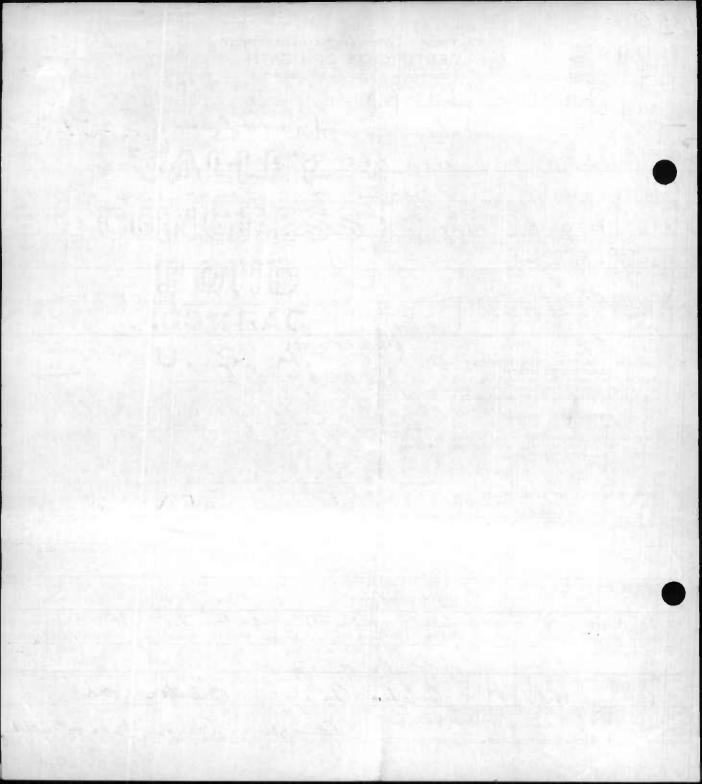
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BIRTH NO.		CERT	IFICATI	E OF DEATH	Registered	No
I. NAME OF DEC (Type or Print)	Arth U	v Dui	rhA	M.	2. DATE OF DEATH 7-	11-50
3. PLACE OF DEA A. Baltimore Cit	y, Maryland	City		4. USUAL RESIDENCE	E (Where deceased lived, I	f institution: residence lefore admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION	F (If not in hospit	al or institution give st	reet address or location	C. CITY OR TOWN	(If outside corporate line	ts, write RURAL and give
06	155 Rou	ind Viel			more, CI	township)
c. Length of sta		21.	Yrs. Mes- Days	b. STREET ADDRESS	ound Vier	
5. SEX 6	COLOR OR RACE	7. SINGLE, MARRIA	RCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	onths Days Hours Min.
10A. USUAL OCCI	JPATION Give kind of	MAVEL 108. KIND OF BUS		10. 8, 1874	e or foreign country)	3 3 112. CITIZEN OF
ON the ACTOR	Abover		INDUSTRY	Hills boro		WHAT COUNTRY?
13. FATHER'S NA		1		14. MOTHER'S MAIDE	NAME	/
WAYN	e Pu	rham		Shet-	ta Dur	ham/
Yes, no or onknown)	EVER IN U. S. ARMED	s of service) SEC	URITY NO.	17. INFORMANT	D /	ADDRESS
no	no	12/9-6	01-0022	HNNA	Durn Am	INTERVAL BETWEEN
18. 480	X	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
	OR CONDITION EADING TO DEA' not mean the mode of	TH	· H	neumani	A	2 days.
heart failure	, asthenia, etc. It mea	ins the disease.		- 		
	NTECEDENT CAUS			•		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Z	OR CONDITIONS, 1	(8) G-K	1776		
RISE TO THE	E ABOVE CAUSE (A)	STATING THE OUE	то			
2						
OTUEB SI	II SNIFICANT COND					
TRIBUTING	TO THE OEATH, BUT EASE OR CONDITION	NOT RELATED	AVT	erioscle	2005) 5	
19A. DATE OF		98. MAJOR FINDING	GS OF OPER	ATION		20. AUTOPSY?
V ACCIDEN	T CUICIDE	218. PLACE OF IN	WILLIAM (a. a. i	or 21c. WHERE DID	(If in Baltimore City,	YES NO
21A. ACCIDEN HOMICIDE	(Specify)	about home, farm, factory,	street, office bldg.,		(If in pattimore city,	give exact location;
D. TIME (M	ionth) (Day) (Year)	(Hour) 21E. INJU	JRY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
INJURY		m. WHILE AT WORK	NOT WHILE			
22. I hereby	certify that I att	tended the deceased	from mA	y 25, , 1950, t		, that I last saw the
deceased alin	e on July 11	_, 1950 , and that	t death oecur	red at 8.15 Am., fr	om the causes and on	the date stated above.
23A. SIGNATU	JONLY .	C. Luck	£ M.O. 2	3B. ADDRESS	le aul	7-11-50
24A. BURIAL, CR TION, REMOVAL (Spe	EMA 248. DATE	24c. NAM	E OF CEMETE	RY OR CREMATORY 2	40. LOCATION (City, tow)	n, or county) (State)
13	15/17/	50 Cm	beter	Ch.	Culmitos	me
DATE RECRIVED	BE RECISTRAR	S EIGNATURE	ME	25. FUNERAL DIREC	TOR	ADDRESS
301		(<u>) </u>		yosepst .	· Oams 1	200 m Callet

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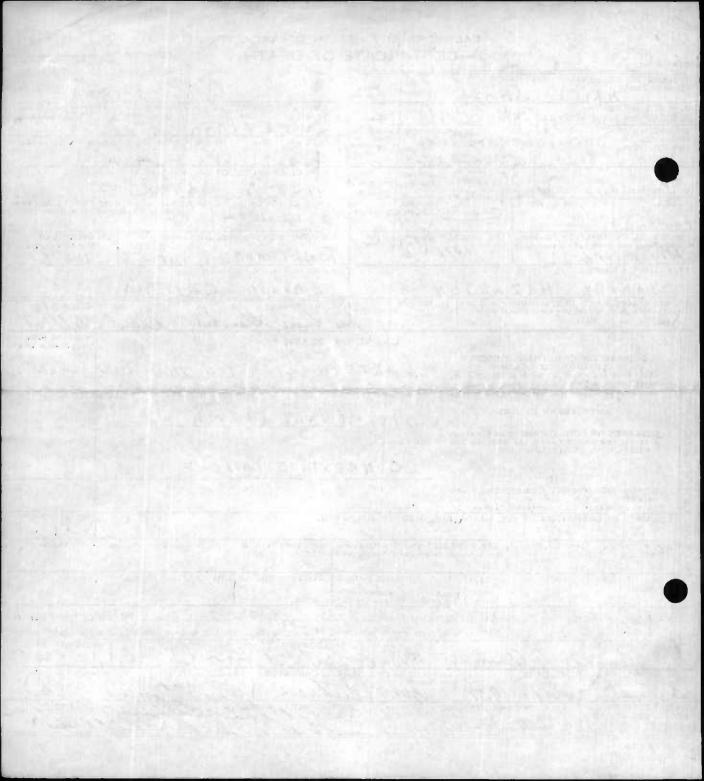


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0 0400)
BIRTH NO.)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 6188

1. NAME OF DECEASED 2. DATE (Type or Print) LICE CHASE 7-12-50 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution pesidence
B. COUNTY Period admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland TROUIDENT. HOSPITAL B. FULL NAME OF (If not in hospital or institution, give street address or RYLAND HOSPITAL OR PROVIDENT HOSPITAL (If outside corpo at Cimits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) FREE DISPENSARY AND Yrs. Mos. c. Length of stay in Baltimore 1129 N. CAREY 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) It Under 1 Year last birthday) Months; Days Hours; Min. 2-13-1882 LEMALE 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF HOME INDUSTRY ork done during most of working life, even if retired) WHAT COUNTR' HOUSEWIFE 13ALTIMORE U.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STANLEY GRIFFIN NANNIE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 2/ (Yes, no or unknown) SECURITY NO CAUSE OF DEATH 18. 4200 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ARTERIOSCLEROTIC HEART DIS. APRROX. 740 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES PULMONARY EDEMA DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CONGESTIVE FAILURE OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL YES 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. (Specify) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT deceased alive on 7-12, 1950, and that death occurred at 6 50 m., from the causes and on the last saw the 23A. SIGNATURE, 1-12 = 60 BURIAL, CREMA-24C. NAME OF CEMETERY OF CREMATORY 24p./LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



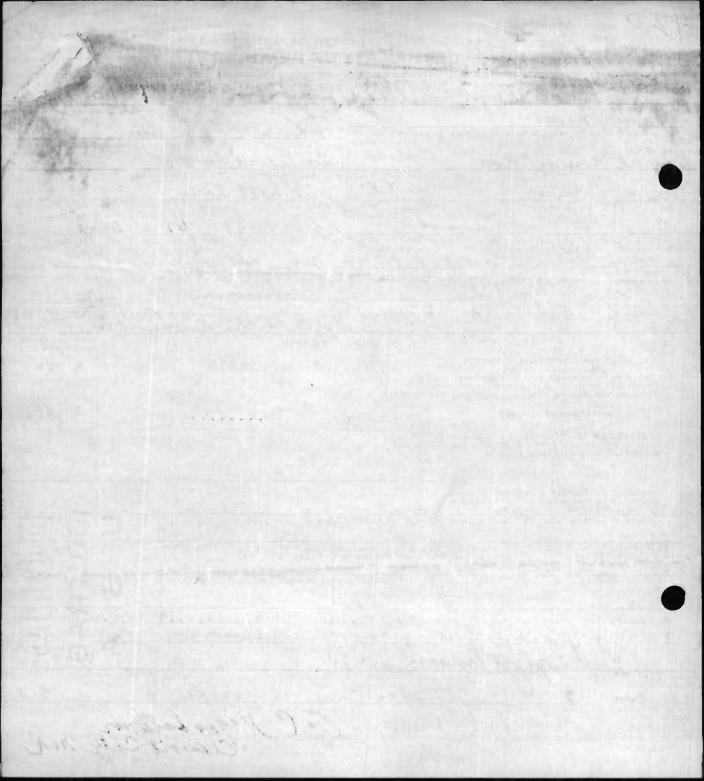
420	ين ماف
6183 BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	Floy
3. PLACE OF DEATH:	

VS 150

CERTIFICATE OF DEATH

	50	6189
Registered	No	

BALTIMORE CITY HEALTH DEPARTMENT 2. DATE Willia DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence) A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN Colonial D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years) last birthday) Months Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of ACE (State or foreign country) 12. CITIZEN OF BUSINESS OR WHAT COUNTR work done during most of working life, even if retired) INDUSTRY THOMP ROCERYI 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES:
(Yes, no unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ASTHMATIC BRONCHITIS yrs LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES BRONCHIECTASIS. vrs DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY DICAL YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WORK . 19 47 to July, 13 , 1950, that I last saw the 22. I hereby eartify that I attended the deceased from eb, 26, deceased alive fon Jone, 10, 19 50 and that death occurred at 0:20 nP Mrom the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Cremation DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE DIRE LOCAL REGISTRAR



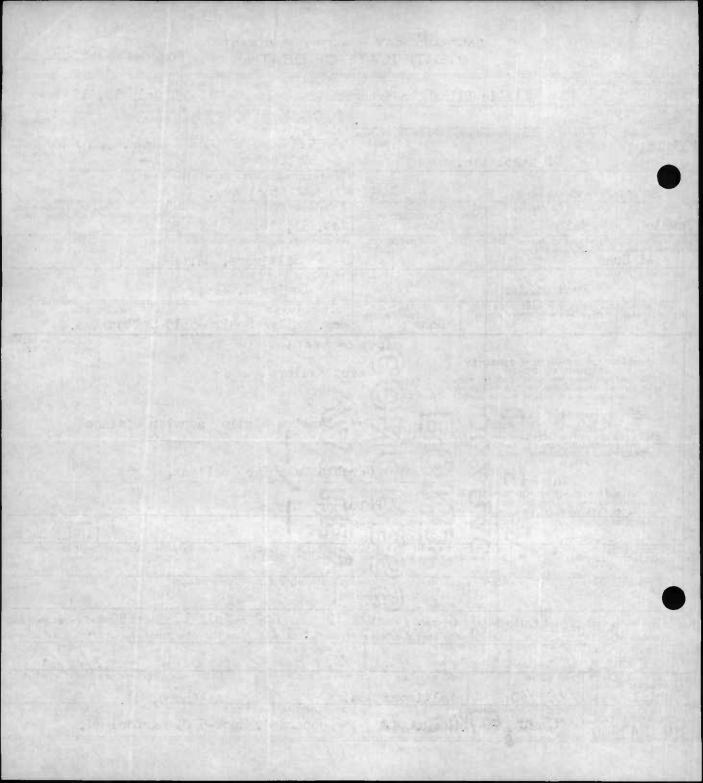
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 61.00

Registered No.50-6190

BI	RTH NO.							
	NAME OF DE	CEASE		illie E	lisabeth Kraus	se	OF July 13	, 1950
Α.	PLACE OF DE Baltimore C	ity, M				4. USUAL RESIDENCE (V	Where deceased lived. If ins	titution: residence before admission)
	FULL NAME O	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	(1)	Alfa
	STITUTION		22 141	h = 7 A =			outside corporati lifetts,	township)
			ZZ ATI	hol Ave		Baltimore		
					Yrs. Mos.	D. STREET ADDRESS (If		
- Charles	Length of st				Days	22 Athol Ave		
100	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)					0ct. 31, 1869	9. AGE (In years Month	er l'hear ff Under 24 Hours ns Days Hours Min.
	A. USUAL OCC				OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF
rorl	done during most of		life, even if retired)		INDUSTRY	Baltimore,	МА	WHAT COUNTRY?
13	FATHER'S N					14. MOTHER'S MAIDEN N.		
			red Schi	Tom:		Louise J. He		
4 10	WAS DESEASE				1 40 000		2006	
(Ye	. WAS DECEASE s, no or nnknown)	(If ye	u, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
	No	-			None	Mrs. Sallye Schin	m-5515 Sefton	Ave.
	18.				CAUSE	OF DEATH		INTERVAL BETWEEN
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Heart Failure (A) Heart Failure (B) Hypertensive Cardio Vascular Disease DUE TO Cerebro Vascular Accident, right OTHER SIGNIFICANT CONDITIONS CON-							ise
C			OR CONDITION			onary Edema		
DICAL	19A. DATE O	F OPEI	RATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
ш	21A. ACCIDE HOMICIDE	NT, SL (Spec			ACE OF INJURY (e. g., i arm,factory,street,office bldg.,		If in Baltimore City, give	e exact location)
Σ	21D. TIME ()	Month)	(Day) (Year		2 IE. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		Y OCCUR?	
	22. I hereby	u certi	fu that I at	tended the	deceased from July	10 , 1950, to Ju	ily 12 , 19 50 t	hat I last saw the
	deceased al	ive on	July 12	19 50	and that death occur	rred at 6:05 Am., from t		
	23A. SIGNAT		0-		2	3B. ADDRESS		23c. DATE SIGNED
	Cer	11	(Kall	44	M. D.	4617 ord Freder	ul Rd	7/12/52
	4A. BURIAL. C		24B. DATE	9	24C. NAME OF CEMETE	The second secon	OCATION (City, town, or	county) (State)
TI	on REMOVAL (S) Burial	pecify)	7/15/5	0	Baltimore Cen	Da	1+imone Wa	
D	ATE RECEIVED	D BY I	REGISTRAR			25. FUNERAL DIRECTOR	Itimore, Md.	DDRESS
	OCAL REGISTI			inter /	lliams, MA	Leonard J. Ruck	-5305 Harford	Rd.
	VS 150			de the	Si Jenneth (1985) 1989	ALG ELDER	6	730

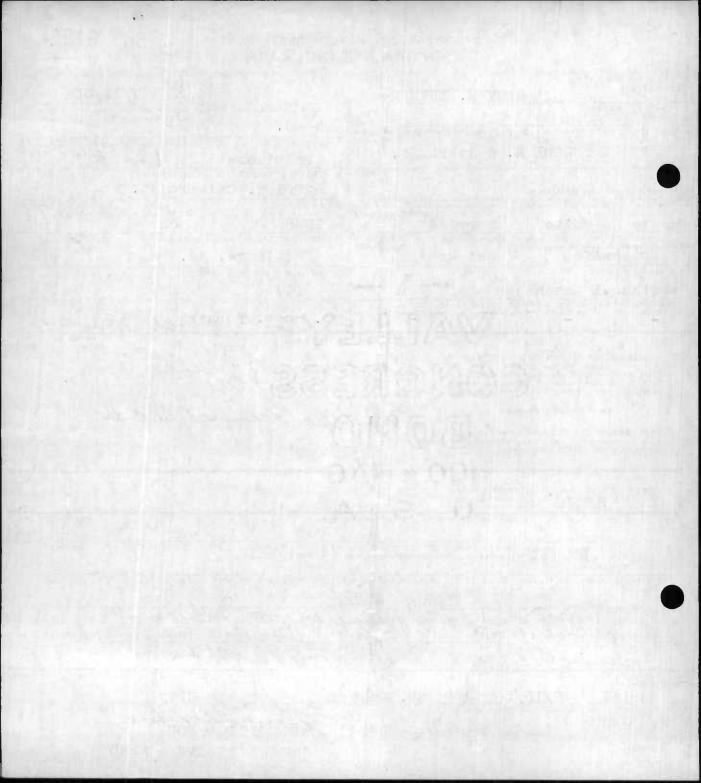


BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6191 Registered No.

	NAME OF I	DECEAS	ED						2. DATE	,	,		
	'ype or Print)		M	ARY E	• TURNER	OF 7/12/50							
A.	Baltimore	City, I				4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)							
	B. FULL NAME OF (If not in hospital or institution, give street address o location						Mar.	(16	-4-13			-	
	ISTITUTION		2001 N	. Cal	vert St.	, C.	Baltime		outside corporate l	= - C	ite RO		and give wnship)
					Yrs.	D.	STREET ADDRE	SS (If r	ural, give location)			
	Length of				Mos. Days		2001 N	. Cal	Lvert St.				
Ħ	'emale	W.	or or RACE	Mar	E, MARRIED, WED, DIVORCED (Specify Pied	8.	1898		9. AGE (in years) last birthday) 52				s Min.
1 C worl	A. USUAL OC doneduring most HOUS	of working	ION (Give kind or life, even if retired	IOB. KIN	HOME	11. Y	Baltime				CITIZ		F INTRY?
13	FATHER'S	NAME		-		14	MOTHER'S MAI						
	Mich	ael	Kavanau	gh			(?)						
15 (Ye	, no or unknown	ED EVER	IN U, S. ARME	D FORCES?	16. SOCIAL SECURITY NO.		INFORMANT r. Robt.	Turr	ner - 1/9/	ADDR	ESS	- N -	
ERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-							lo					
Ü	TO THE E	DISEASE	E DEATH, BUT	CAUSING	17								
7	19A. DATE	OF OPE	RATION	198, MAJO	R FINDINGS OF OPE	RATIO	ON			100	Г	TOF	
EDICAL		R CONT	AS UNDER-		ACE OF INJURY (e. g., o, farm, factory, street, office bldg.		21c. WHERE DI		f in Baltimore Ci-	ty, give	YES L		no L
Σ	21D. TIME		(Day) (Year	(Hour)	21E. INJURY OCCURE	RED	21F. HOW DID	INJURY	OCCUR?			_	
	YAULNI			m.	WHILE AT NOT WHILE	E		0	0				
	deceased a	live on	That I at	tended th	e deceased from the and that death occu	irred	30, 1950 at // 17 m.,	. 0	ly/), 1 re eduses and o		ate st	ated	aw the
24	AA. BURIAL,	CREMA-	24B. DATE	110	M. D. 24c, NAME of CEMET	ERY	CREMATORY!	240. LC	CATION (City, to	own, or co	ounty)	1	(State)
TIC	on, removal (-	7/15/	50	St. Pete				City				
D/ LC	ATE RECEIVE	DBY	REGISTRAR	Lone			PUNERALDIRE	CTOR	er Son	AD	DRES	5	
+		50		water	[]ruanus []]	-	MIEDER	ELD 8	& SON				
	VS 150		1100	NO.	C. Wan Mark		GREENM	TRUO	AVE & 22	SND	5	56	3



50 6192 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF JOHN EDW. MCGUIRE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 709 East 21st St. township) Raltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 709 East 21st St. Days 5 SEX 6. COLOR OR RACE 9. AGE (In years 7. SINGLE MARRIED 8. DATE OF BIRTH Il Doder I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male White 1880 70 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Retired-Foreman Laltimore, Md. Const 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

John McGuire

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

110 -

18.

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,

CAUSE OF DEATH

OUE TO

17. INFORMANT

(If in Baltimore City, give exact location)

709 E. ADDRESS

INTERVAL BETWEEN

ONSET AND OFATH

20. AUTOPSY

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID

21B. PLACE OF INJURY (e. g., in or

about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

Catherine whalen

Miss Catherine McGuire

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21A. ACCIDENT WAS UNDER

CAUSE OF DEATH

LYING OR CONTRIBUTING

21E. INJURY OCCURRED

16. SOCIAL

DUE TO

SECURITY NO.

WHILE NOT WHILE

WORK

22. I hereby certify that I attended the deceased from

and that death occurred at 12 03 m, from the causes and on the date stated above deceased alive on_

M. O. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY

Cathedral

REGISTRAR'S SIGNATURE

238. ADDRESS 809

25. FUNERAL DIRECT

78 Eumour

23c. DATE.

1319 Sothat I last saw the

ADDRESS

240. LOCATION (City, town, or county)

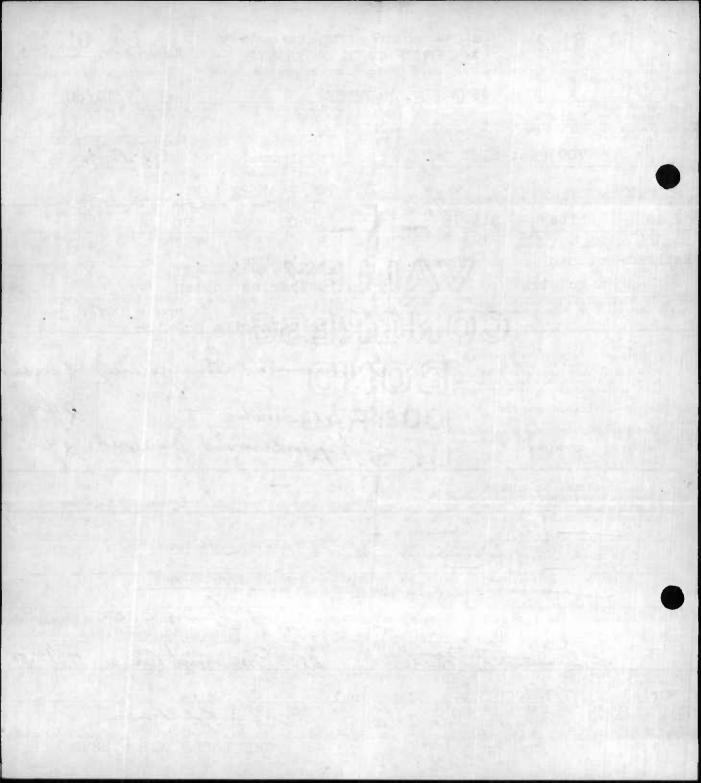
& SON

VS 150

Burial

DATE RECEIVED BY

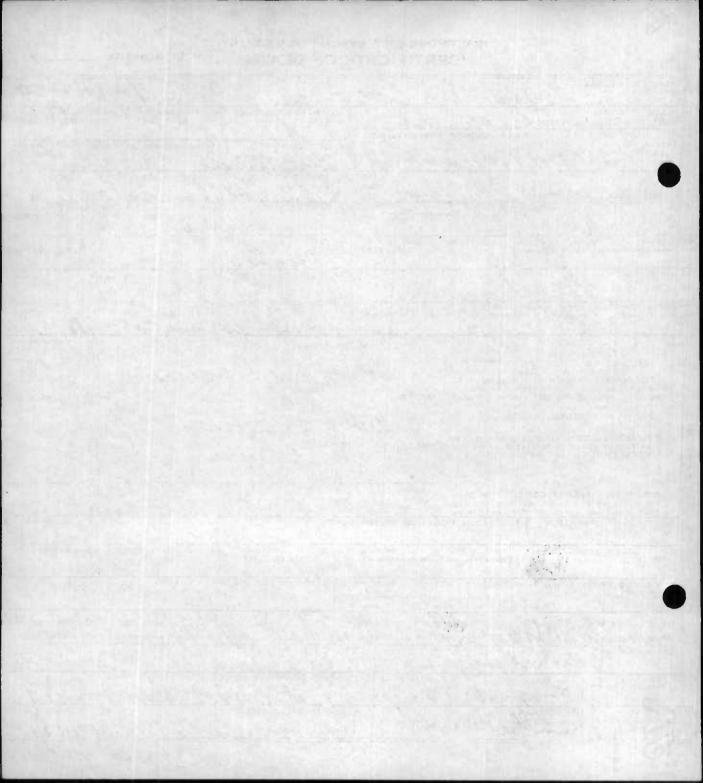
LOCAL REGISTRAR



COCONIS
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6193 Registered No.

1. NAME OF DECEASED (Type or Print) Argiro D. Coz	ones 2. DATE OF 7-14-50
a. Baltimore City, Maryland Balto. and	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	
INSTITUTION 2603 A 72 en dale Ros	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Yrs.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore / Jeans. Mos. Days	2603. Allendale Kd.
5. SEX 6. COLOR OR RACE 7. SINGUE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In year: If Under I Year In Under 24 Hours In Under I Year In Under
A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAJOEN NAME
Michael.	1
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 THFORMANT ADDRESS
	James Corones 2603 Allendale
18. 470 . 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carl - 19/1
(This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)	ondry collescon ons,
ANTECEDENT CAUSES	1 - 1
(B)	Croclrons.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
ONDERETHOS CONDITION EXST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDING	RATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office hidgs,	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE MORK AT WORK	
22. I hereby gerliffthat I standed the deceased from	11 2 , 190 to July 13 , 1910, that I last saw the
deceased alive for 1913 1950, and that death occur	rredat 1130 f.m., from the couses and on the date stated above.
23A. SIGNATURE Rubert Goldo Jone M.D.	1810 Entary OL July 14 E
24A. BURIAL) CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, townfor count) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
111 1 5 1950 tentregton Williams, Mrs.	Lambras Ine 440 F. North Ave
VS 150	Dot md-



34	-0
BIRTH	6194

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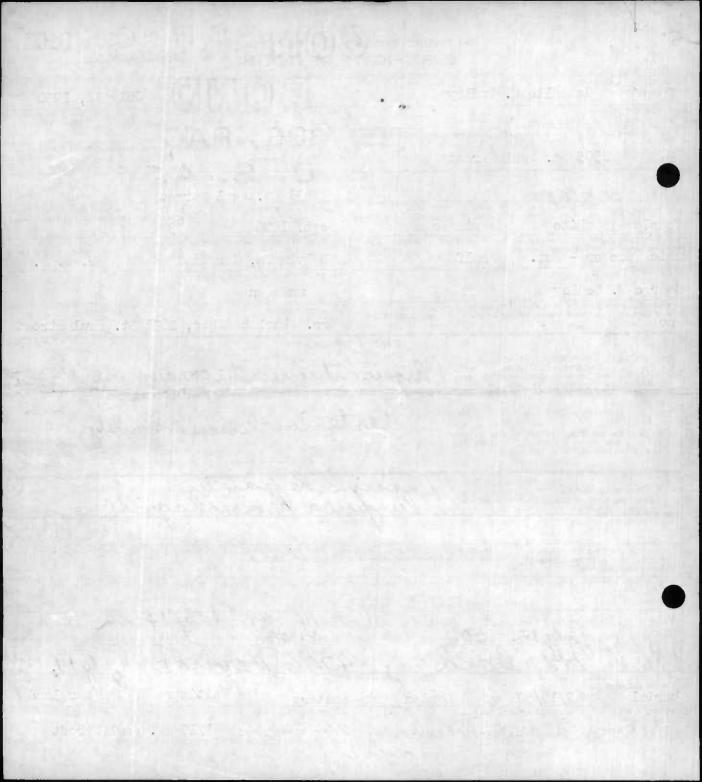
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6194

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Isabelle M. Ledley OF July 14, 1950 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2305 St. Paul Street township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore 2631 St. Paul Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. female white single Sept. 1876 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)

Music Teacher - Ret. INDUSTRY WHAT COUNTRY? self Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Ledlev unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO no Mrs. Charles Gibbs, 2631 St. Paul Street 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from Let 1900 that I last saw the fully 12. 19.50 and that death occurred at 8:45 Am., from the courses and on the date stated above, deceased alive on 234 SIGNATURE 23B. ADDRESS DATE, SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY Maryland burial Loudon Park Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Nm. Gook Inc 1217 St. Paul Street

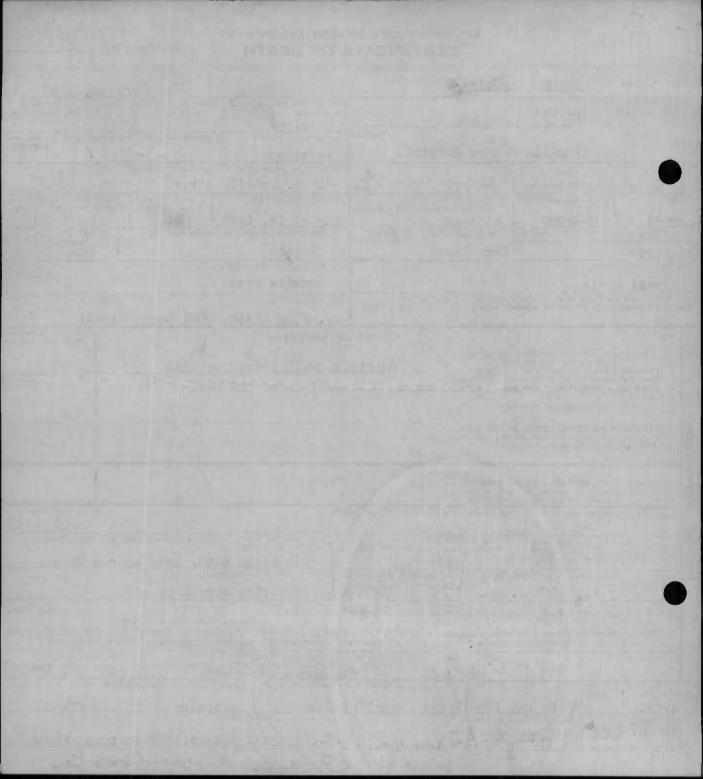


2 2 50 6195 BIRTH NO.				CALTH DEPARTMENT E OF DEATH	Registered No.
1. NAME OF DECE (Type or Print)	MARION	KUSIK			2. DATE OF DEATH July 1
a. Baltimore City	, Maryland			A. STATE	Where dcceased lived. If ins
B. FULL NAME OF HOSPITAL OR INSTITUTION		Square Hospital	location)		f outside corporate limits,
c. Length of stay	in Baltimore	44 yrs	Yrs. Mos. Days	b. STREET ADDRESS (L. 410 S. Bouldin	

V S 151

(Type or Print)	MARION	KUSIK	31				OF JEATH JE	ily 14,	1950
3. PLACE OF DEATH: A. Baltimore City, Maryland						SIDENCE (V	Where dcceased live	d. If institution	n: residence
B. FULL NAME OF	(If not in hospi	tal or institu	tion, give street	t address or	A. STATE Marylan	a	B. COUNT	Y De	fore admission)
HOSPITAL OR				location)	c. CITY OR T		outside corporate	limits, write R	
INSTITUTION	Franklin	Square	Hospital		Baltimo	re	26	-//	townshlp)
				Yrs.			rural, give location	n)	
c. Length of stay in	Baltimore	रिम प्र	rs	Mos. Days	410 S.	Bouldin	Street		
5. SEX 6.CC	LOR OR RACE		E. MARRIED.	ED (Specify)	8. DATE OF E	BIRTH	9. AGE (In year	Months: Day	K Under 24 Hours Hours: Min.
male white Widowed (Specify)					August 1	5. 1888	61	Months Day	i i i i i i i i i i i i i i i i i i i
10A. USUAL OCCUPA work done during most of working	TION (Give kind of	108. KIN	D OF BUSINE	SS OR NDUSTRY			oreign country)	12. CITI	
Laborer	of mo'ean' is Lerred'	Park B		NDOSTRI	Polan	d		ÜSĀ	AT COUNTRY?
13. FATHER'S NAME					14. MOTHER	S MAIDEN N.	AME		
Harwell Kusil	ς				Gusti	e Pysz			
15. WAS DECEASED EVE (Yes, no or onknown) (If	R IN U. S. ARME	D FORCES?	16. SOCIAL	ITY NO.	17. INFORMA	NT		ADDRESS	
No			SECON	111 110.	Mr. John	Kusik,	2001 Gough	Street	
18. 5 5/2	, 4			CAUSE C	F DEATH			INTE	RVAL BETWEEN
DISEASE OF	CONDITION	DIRECTLY						ONSE	I AND DEATH
(This does not	DING TO DEA		g., (A)	Multip]	le skull fractures with				
heart failure, ast	henia, etc. It mes	ans the disea	se,		erations				
			···/ Zendrunan		or do Tollo	or one b	LOTH		
ANIE	CEDENT CAU	555	(B)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						*****************	***************************************		
UNDERLYING	CONDITION L	AST.							
\doldow			(C)			******************	***************************************		•••••
DISEASES OR RISE TO THE AB UNDERLYING OTHER SIGNIF TRIBUTING TO TO THE DISEASE	II COND	ITIONS CO	N -						
TRIBUTING TO T	HE DEATH, BUT	NOT RELAT	ED						
19A. DATE OF OP			R FINDINGS	OF OPERA	TION			20.	AUTOPSY?
10								YES	X NO
UnderLying Ma uting □ cause	AUSE WAS	218. PL	ACE OF INJU			RE DID (I	If in Baltlmore Ci	ty, give exact	location)
UNDERLYING LAUSE	OR CONTRIB	S DOG S MITTALE,	street	re, o moo brag., o	1.00		vd. near M	onroe St	rest
∑ 21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY	OCCURRE		DID INJURY		011100 -0	1000
July 1	. 1950 4	.m. q00.	WHILE AT WORK	NOT WHILE	Pedes	trian st	ruck by au	to	
22. I certify the	at I took cha	rac of the				au	topsy	theree	on and from
						Autopsy.	Inspection or Inqueceased died or	alry	
and death i	n my opinion	resulted	from: natur	cal causes	, accident	, suicide	, homicide	\exists , undeterm	tined [].
23A. SIGNATURE	0.	_	0		238, CHIE	F MEDICAL	EXAMINERX		
	128	1-res	her	M.	D. MEDICAL	INVESTIGAT	EXAMINER	July 15	
24A. BURIAL, CREMA TION, REMOVAL (Specify	248. DATE		24c. NAME o	FCEMETER	Y OR CREMAT	ORY 24D. L	OCATION CHAT	own you county) (State)
Burial	July 18	. 1950	Sacred H	leart of	Mary	Balt	imore	Mary	rland
DATE BECEIVED BY	REGISTRAR				25. FUNERAL			ADDRES	
LOCAL RE9191950	Thurstin	to	11:	15	F. Sado	waki & a	lone 1869 F	actern A	100

6195



00	20	,
0	61	96
BIRTH	NO.	
I. NAI	ME O	F DE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6196 Registered No.

1 '-	NAME OF DEC		DO 4 IND	2. DAT			
-	PLACE OF DEA		LES A. LEE	OF DEA	TH JULY 13,1950		
	Baltimore Cit			4. USUAL RESIDENCE (Where dece	ased lived. If institution : residence COUNTY before admission)		
	FULL NAME OF	F (If not in hospita	al or institution, give street address of location				
IN	STITUTION	II F Tofe	ayette Avenue	C. CITT OR TOWN (II oddside ed	rporate limits, write RURAL and give township)		
-0	10	LI E. Dale	Yrs.	Baltimore D. STREET ADDRESS (If rural, give	e location)		
c.	Length of sta	y in Baltimore	T.ife Mos.	1811 E. Lafayett			
		COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE	(in years If Under 1 Year If Under 24 Hours		
	M	W	WIDOWED DIVORCED (Specify Married	Jan. 29, 1877 73	oirthday) Months Days Hours Min.		
1C worl	A. USUAL OCCU	UPATION (Give kind of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign cou			
	Carpent	er	Building	Maryland	USA USA		
13	. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME			
	Robert :			Rebecca Cummings			
15 (Ye	. WAS DECEASED	EVER IN U. S. ARMED (If yes, give war or dated	FORCES? 16. SOCIAL of service) SECURITY NO.		afayettes ve.		
	no		security No. 216-05-190	5A. Mrs. Frances A			
	18. 44	3 X ,	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE	OR CONDITION	DIRECTLY	Jan 1. Cl. P			
	(This does n	not mean the mode o	f dying, e.g., (A)	elynll Oteomorba	ge loay		
	injury or co	omplication which c	aused death.) DUE TO				
	ANTECEDENT CAUSES						
	Al	NTECEDENT CAUS	ES	Q' llubat	in Dina 11 com		
NO			ES (B)	voice Hypertous	in Dices 4 years		
NOIT	DISEASES (OR CONDITIONS, IF	F ANY, GIVING STATING THE DUE TO ST.	ebral Hemorta	in Dicese 4 years		
E	DISEASES (OR CONDITIONS, IF	F ANY, GIVING STATING THE DUE TO ST. (C)	erdroe Hypertous	in Dicese 4 years		
E	DISEASES (RISE TO THE UNDERLYIN	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA	ST. (C)	voice Hypertous	in Dices 4 years		
E	DISEASES (RISE TO THE UNDERLYIN OTHER SIG	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA II GNIFICANT CONDITO THE DEATH, BUT	C)	voice Hypertous	in Dicese 4 years		
CERTIFICATION	DISEASES (RISE TO THE UNDERLYIN OTHER SIG TRIBUTING T TO THE DISE	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA II GNIFICANT CONDITO TO THE DEATH, BUT EASE OR CONDITION	TIONS CON- NOT RELATED CAUSING IT.	14			
CERTIFICATI	DISEASES (RISE TO THE UNDERLYIN OTHER SIG	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA II GNIFICANT CONDITO TO THE DEATH, BUT EASE OR CONDITION	C)	14	20. AUTOPSY?		
CERTIFICATI	DISEASES OF RISE TO THE UNDERLYING THE DISEASE OF T	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA II GNIFICANT CONDITION THE DEATH, BUT EASE OR CONDITION OPERATION OPERATION	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER	RATION nor 21c. WHERE DID (If in Balt)	20. AUTOPSY?		
EDICAL CERTIFICATI	DISEASES OF RISE TO THE UNDERLYING THE DISEASE OF T	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA SINIFICANT CONDITION TO THE DEATH, BUT EASE OR CONDITION OPERATION 1: NT WAS UNDERCONTRIBUTING	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER	RATION nor 21c. WHERE DID (If in Balt)	20. AUTOPSY?		
CERTIFICATI	OTHER SIG TRIBUTING TO THE DISE 19A. ACCIDEN LYING OR CAUSE OF DE 21A. TIME (M.	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA SINIFICANT CONDITION TO THE DEATH, BUT EASE OR CONDITION OPERATION 1: NT WAS UNDERCONTRIBUTING	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office hidg.,	nor 21c. WHERE DID (If in Baltiete.)	20. AUTOPSY? YES NO No imore City, give exact location)		
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50	6197	
BIRTH	NO.	

0 0 0 50 6197 BIRTH NO.		EALTH DEPARTMENT 50 6197 E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	Grover C. Lee	2. DATE OF DEATH July 11,1950
a. Baltimore City, Marylar		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission Marvland
HOSPITAL OR	hospital or institution, give street address or location. W. Hoffman St.	c. CITY OR TOWN (If outside corporate limits, write RURAL and gir baltimore)
c. Length of stay in Baltim	Yrs. Mos. Ol'e Days	b. STREET ADDRESS (If rural, give location) 509 W. Hoffman St.
5. SEX 6. COLOR DR Male Colore	WIDOWED, DIVORCED (Specify	B. DATE OF BIRTH 9. AGE (In years last birthday) Dec. 15, 1887 9. AGE (In years last birthday) Months: Days Hours: Mir
10A. USUAL OCCUPATION (Giv work done during most of working life, even it	ekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

Porter 13. FATHER'S NAME

RTIFICATION

CE

EDICAL

Σ

Robert E. Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown)

16. SOCIAL SECURITY NO.

Georgia 14. MOTHER'S MAIDEN NAME

Mary McCoy

17. INFORMANT

M's Annie L. Preston 509 W. Hoffman INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

(C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE

Store

21c. WHERE DID INJURY OCCUR?

23B. ADDRESS

Cem

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

AT WORK 22. I hereby certify that I attended the deceased from deceased alive on AN 1950, and that death occurred at

234. SIGNATURE

21D. TIME (Month) (Day) (Year) (Hour)

24B, DATE

24c. NAME OF CEMETERY DR CREMATORY

LOCATION (City, town, or county)

23c. DATE SIGNED

199 Othat I last saw the

20. AUTOPSY?

NO

U. S.

ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

NOT WHILE

Burial DATE RECEIVED BY LOCAL REGISTRAR

INJURY

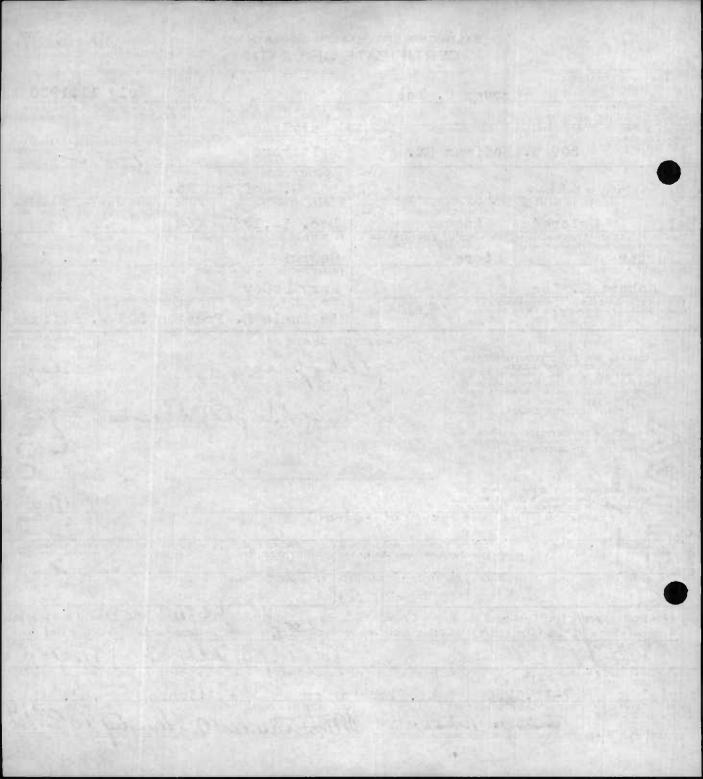
REGISTRAR'S SIGNATURE

Auburn 25. FUNERAL

ADDRESS

(If in Baltimore City, give exact location)

from the druses and on the date stated above.



356

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

ВІ	RTH NO.			CERTIFICATI	OF DEATE	1	
	NAME OF D	ECEASED				2. DATE	
12	ype of Trint)	ANNA C	· WIN	11775 MOK	75	OF DEATH Ja	14/4/950
	PLACE OF DI Baltimore C					NCE (Where deceased lived, B. COONTY	
	FULL NAME	OF (If not in hospit	al or institution	on, give street address or	mar		
	SPITAL OR STITUTION			location)	C. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give
_	mer	ce Hos	Clal		Ball	more L	5 -0 Flownship)
-		/ /	0 .	Yrs.	o. STREET ADDRES	SS (If rural, give location)	
c,	Length of st	tay in Baltimore c	Tele	Mos. Days	2370	Pataposes.	Rue.
5.	SEX	6. COLOR OR RACE	Z/SINGLE	MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year Il Under 24 Hours Months Days Hours Min.
,	_	w		ED, DIVORCED (Specify)		18st birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	TOB. KIND	OF BUSINESS OR	11. BIRTHPLACE IS	ate or foreign country)	12. CITIZEN OF
	4 .	of working life, even if retired)	-	INDUSTRY	2	2	WHAT COUNTRY?
	FATHER'S N		0-00	me	14. MOTHER'S MAI	DEN NAME	1100.
	1	11 1	,			400	
16	Was Destas	eple W.	righ		Mary	racel Cole	che
(Yes	, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS ACC
					Miss Low	the Meritar	237 Pataosci
	18. 422	. /		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION					ONSE! AND SEATH
	(This does	LEADING TO DEA	TH	w 0- 10	i maket	i Carolio.	
	heart failu	re, asthenia, etc. It mes	ans the disease	, man	ular dire		* *************************************
	injury or	complication which	caused death.) OUE TO			
		ANTECEDENT CAU	SES			CERTIFICATION AP	PROVED BY
Z	DISFASES	S OR CONDITIONS,	E ANY GIVIN			OLIVINION AL	1 10100 01
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E OUE TO		13(6)	2
V	UNDERL	YING CONDITION L	AST.			110110	W.D.
回				(C)		CHIEF OR ASSI, MIDIC	AL EXAMINER
2	OTHER S	II SIGNIFICANT COND	ITIONS CON				
ij				. 1	charterie .	Eactive at le	my 16 days
٠.				FINDINGS OF OPER			20. AUTOPSY?
A		0					YES NO
DICA		NT. SUICIDE.	218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DI	D (If in Baltimore City	, give exact location)
Ш	HOMICIDE	(Specify)	-	rm, factory, street, office bldg., e		1 237 Rata	seo ane,
Σ	Mon TIME ((Month) (Day) (Year	(Hour) 12	TE. INJURY OCCURRE		INJURY OCCUR?	
K	INJURY					, making it	in hed
	applio	2 3:00		WORK NOT WHILE	of the contract	7	
	22. I hereb	y certify that I at	tended the	deceased from	ly 1952	to July 14, 19	3, that I last saw the
9	deceased al	ive on gub, 14	_, 195 <u>70</u> , o	end that death occur	red at 6. sofm.,	from the causes and on	the date stated above.
	23A. SIGNA	TURE		0 2	3B. ADDRESS		23c. DATE SIGNED
	Char	le R. N	chan	M. O.	Marcy	Hochelat	And 14 1950
24	N. REMOVAL	CREMA- 24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tov	or county) (State)
1	Zinal	1/17/-	50	Cathedral	Cemetery	Bultimore	, ind.
	TE RECEIVE		S SIGNATU	PE /	25. FUNERAL DIRE	CTOR	ADDRESS
I.C	CAL REGIST	EAR Tunter	aton 14h	HANGE, MARS	45/11) mou	1148041-8051	2. Calvert St.

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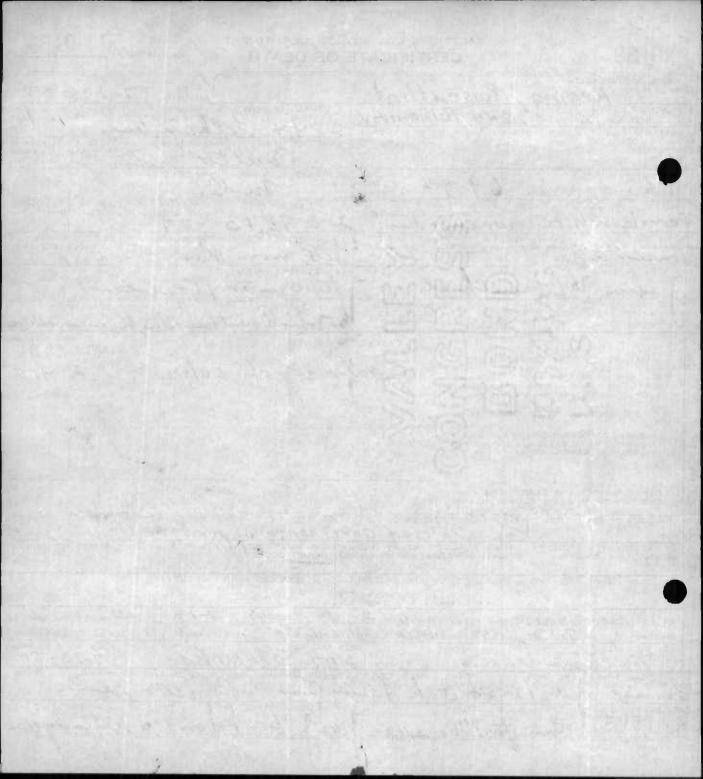
asti if external condition var underlyng or contributing tidenth 1779 Catherlas Burtage Backwar on Med. And Brieger and South Court D.

25 J 0 6199

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6199

	ype or Print) Reging, Rosenthal	2. DATE OF DEATH 7-1	3-50
3. A.	PLACE OF DEATH: Baltimore City, Maryland 2844 Pelham AV	4. USUAL RESIDENCE (Where deceased lived, if insti	itution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		
	STITUTION	Batter 27	township)
0	19 Mrs. Mos.	D. STREET ADDRESS (If paral, give location)	
_	Length of stay in Baltimore Days	" ned	1 1 1 1 1 1 1 1 1
7	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-3-/87 9. AGE (In years last birthday) Months	
	DA. USUAL OCCUPATION (Givekindor) 10B. KIND OF BUSINESS OR	II BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
10	kdone during most of working life, even if retired) INDUSTRY	Jebonon Va.	USA WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	ohn. It osen that	Jugina / Cerbles	
Y		her ohn Counther-3/13 Ras	ress
	18. / FR V CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		ONSE! AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	inoma of colon	2 yrs.
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		·
A T	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
0			
Z T	OTHER SIGNIFICANT CONDITIONS CON-		
E E	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
_	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE		20. AUTOPSY?
CA	21A, ACCIDENT, SUICIDE, 21B, PLACE OF INJURY (e.g.,	in or 21c, WHERE DID (If in Baltimore City, give	YES NO P
1EDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg		
-	D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURE		
	m. WHILE AT NOT WHILE AT WORK		
	I hereby certify that I detended the detended from	-4 1948 to 7-13 , 1950, ti	
	deceased alive on 7-13-, 19.50, and that death occu		late stated above.
	Melan C. haus M. D.	2117 Belair Ro	7-13-50
2. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	1 12 1+ Dec	(State)
0	Burnat July 17-50 Och Jan		DDRESS
L	ocal P5 1950 / Lintu to Williams M.R.	Cos 1 Herr + Son 3001 /Cen	Tucky ave
-3	VS 150	11000 46	E
	C 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10		



BALTIMORE CIT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE 13 (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) A. STAT B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write DURAL and give INSTITUTION township) Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days AGE (In years If Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male White Married June 5th . 1883 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto.Md. retired Sport Goods 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamain Ehrman Adaline Wurtzburger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO A.W. Ehrman . 4816 Wilernave/ INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Sudden LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ... heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) Arteriosclerosis ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, ferm, fectory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Up. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT AT WORK WORK and, 19 40 to . 19 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on July !! 194 0 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 1109 N. Calvert St. 24C. NAME OF CEMETERY OR CREMATORY BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county) TION BENOVAL (Specify Hebrew Friendship Balto.Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE UNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

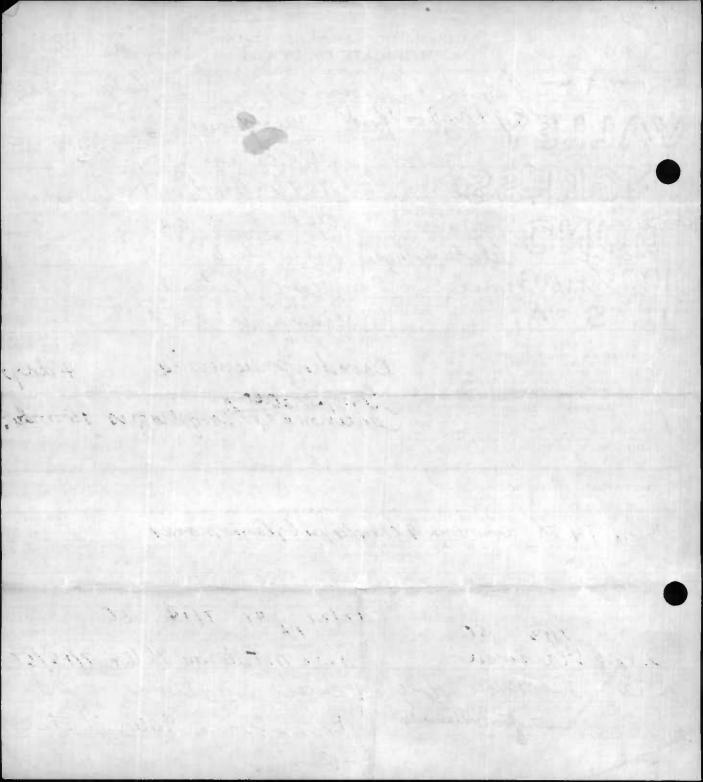
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MEDICAL

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	1100		/A STUDENT	
)(EALTH DEPARTMENT E OF DEATH	Registered No	620i
	NAME OF DECEASED James J. So	ul	2. DATE July /	4,1950
Α.	PLACE OF DEATH: Baltimore City, Maryland 904%. Broll	4. USUAL RESIDENCE (WHA		ution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street diffress or location) STITUTION		utside corporate limits, wri	te RURAL and give township)
c.	Length of stay in Baltimore 62 Yrs. Mos. Days	D. STREET ADDRESS (If ru	aral, give location)	
m	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday) Months	
work	A. USUAL OCCUPATION (Givekind of dooe drying most of working life, even if retired) Continued of the state o	11. BIRTHPLACE (State or fore		VHAT COUNTRY?
	Hechel Avel	Mary Pet	ran	
(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	Cenna W.	fores ADDRE	SS
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	of DEATH notophelem roperable cinomia Deoc		TERVAL BETWEEN NSET AND DEATH 4 day
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
MEDICAL	19a. Date of operation 19a. Major findings of operation 19a. Major findings of operation 21a. Accident was under. 21a. PLACE of Injury (e.g., is about home, farm, factory, atreet, office bldg., cause of Death	lo yes by laye M o or 21c. WHERE DID INJURY OCCUR? (If	in Baltimore City, give e	20. AUTOPSY7 YES No xact location)
	TINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR7	
	22. I hereby certify that I attended the deceased from deceased alive on 7,13,1950 and that death occur 23A_SIGNATURE	2/27 , 1949 to 7 rred at 1 / m., from the 138. ADDRESS 12/2 N. Peller	e causes and on the da	t I last saw the te stated above. DATE SIGNED
TIC	A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETE N. REMOVAL (Specify) July 19/60 Norly Rod	RY OR CREMATORY 24D. LOO	elty of	M (State)
DA LC	THE RECEIVED BY REGISTRAR'S SIGNATURE WILL TO STAND THE PROPERTY OF THE PROPER	Erank Crac	L 900h. C.	lesty At
	VS 150 590 4	46		46a



6	24		
)		E OF DEATH Registered No	6202
_	NAME OF DECEASED, , ,	7 10 200	
(T	ppe or Print) William Joseph	yesse/ 2. DATE OF OLY)	14,1950
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If Insti	itation : residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address o		
	12 Roslyn Are nue-16-	C. CITY OF TOWN (If outside corporate limits, wr	ownship)
1	Yrs.	o. STREET ADDRESS (If rural, give location)	
c.	Length of stay in Baltimore	122/2 Roslyn Alen	ve
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WADOWED, DIVORCED (Specify AYY) Ed	8. DATE OF BIRTH JUNE 25 1890 S. AGE (In years last birthday) Months	l Year If Under 24 Hours Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR done furing most of working life, even if retired)		CITIZEN OF
WOIS	done furing most of working life, even if retired) A. P. TEACO	New York Un	HAT COUNTRY!
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William & Diesse	Augusting !	
(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? No or unknown) (If yee, ghe war produces of service) 215-03-6869	Mrs. Helen M. Dressel 22/2 R	05/yn Ave-16.
	18. 443 X . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	· 1 + 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	70 -
	(This does not mean the mode of dying, e.g., (A)	ic Asthmatic Dyonchitis	Loyeays
	heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES	1 2 1 1 2 2 2	10
NO	(B) TY DET !	ensire cardióvascular disease	109ea98
CATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Ĕ	(C)		
ERTIFI	OTHER SIGNIFICANT CONDITIONS CON-		
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED		

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from deceased alive on July

10 1950 and that death occurred at

A.m., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 7-17-50

21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)

New Cathedral

Baltimore,

(State) Md.

DATE RECEIVED BY

23A. SIGNATURE

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

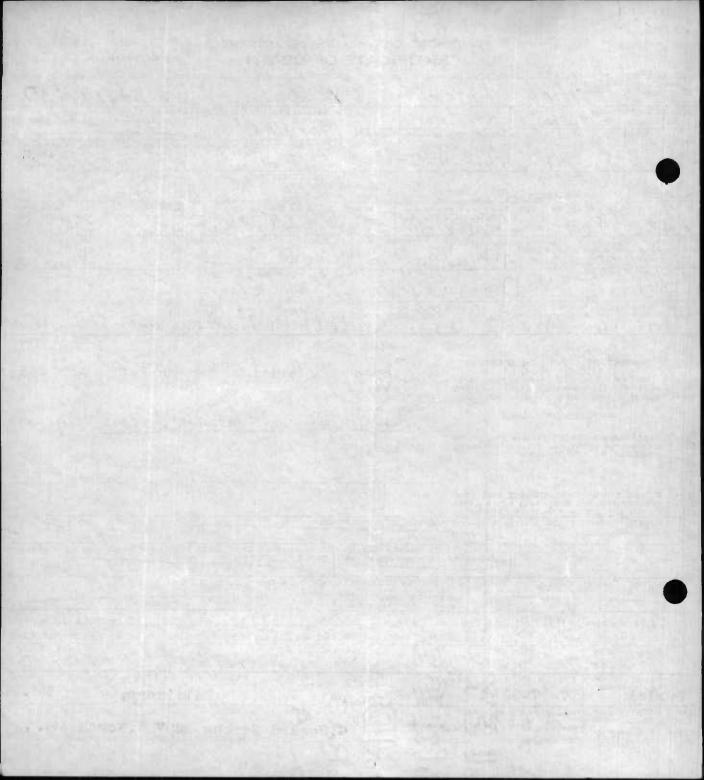
ADDRESS

G. Howard Strong 3207 W. North Ave. ,

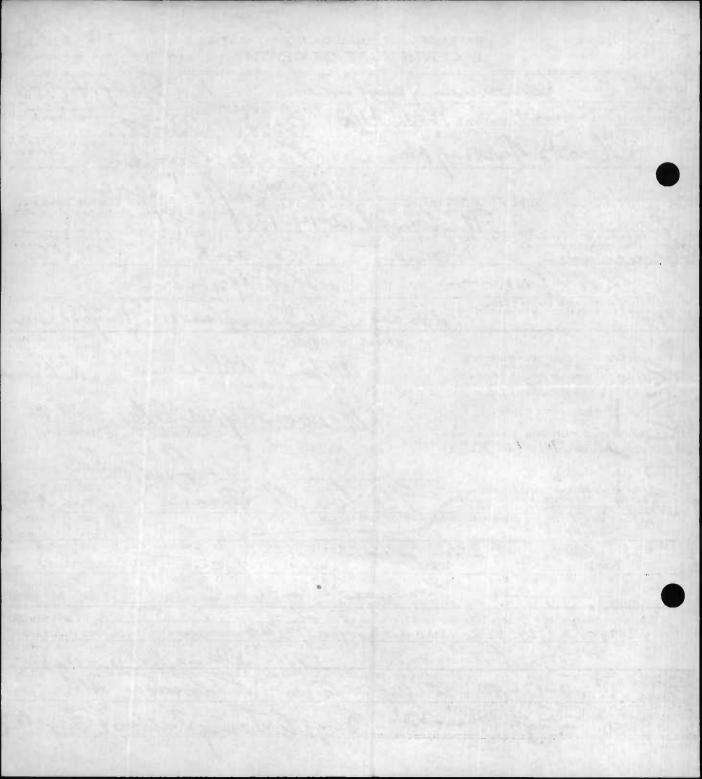
VS 150

MEDICAL

2906A



1	520	
BI	6203 BALTIMORE CITY HEALTH DEPARAMENT NO. CERTIFICATE OF DEA	A = 1.
	NAME OF DECEASED Ceronica Jany ska	of July 14 1950
А.	FULL NAME OF (If not in hospital or institution, they street address or)	DENCE (Where deceased lived, If institution: residence before admission)
HX	OSPITAL OR HOLD OF HURRING Home C. CITY OR TON	(If outside corporate limits, write RURAL and give township)
c.	Length of stay in Baltimore Yrs. Mos. Days	ORESS (If rural, give location)
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. (Sp. 6) 8. DATE OF BIR	9. AGE (in year: If under I Year last pirthday) Months: Days Hours: Min.
3	plote during most of working life, ofto if retired) Notice INDUSTRY	E(State or for ign country) 12. CITIZEN OF WHAT COUNTRY?
	not/nown UA	MAIDEN NAME
(Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, give war or dates of service) (If yee, give war or dates of service) (If yee, give war or dates of service)	myska 112 Houfel as
1EDICAL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, atreet, office bldg., etc.) 112 Windings Of Cause (A) 21B. PLACE OF INJURY (e.g., io or 21c. WHERE injury) Accidents	
M	June 1. 1950 10 a. m. While Mark Work While St	itting on edge of bed she slipped
	deceased alive on 13, 1950, and that death occurred at 945, 23A. SIGNATURE 23B. ADDRESS	The causes and on the date stated above. Selwa Are 7/14/50
2	ON REMOVAL (Specify) 7-17-50 STURGES OF CEMETERY OF CREMATOR	Elsnoye Ma (State)
	ocal registrar tutu for Milane, MA Conge a	Farly Fuller & Tayette
	VS 150	03 · 186a

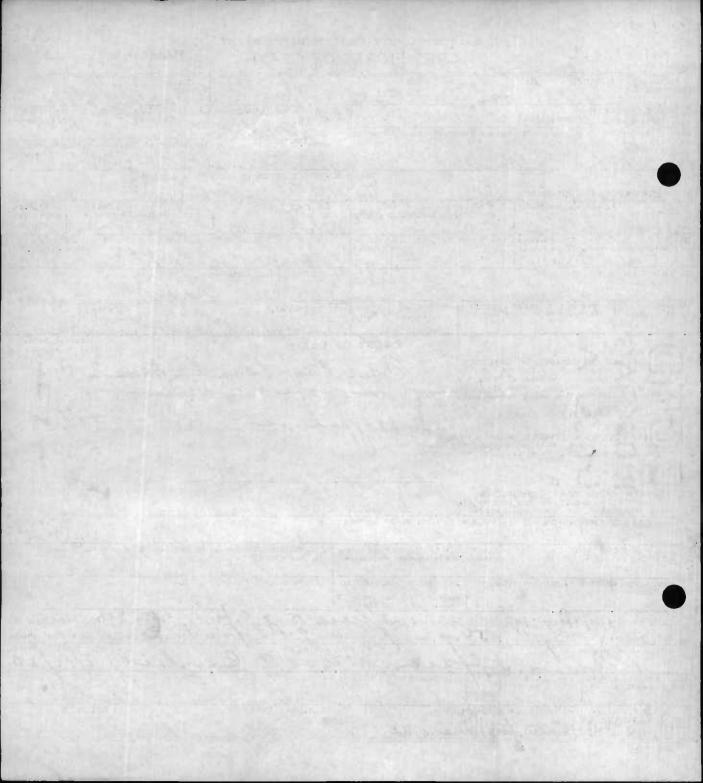


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6204

Registered No.__

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Makey of	Lates		2. DATE OF DEATH	121950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution)		4. USUAL RESIDENCE (W	B. COUNTY	before admission)
HOSPITAL OR INSTITUTION 4/1/ M. Calhouse	location) Yrs.	c. CITY OR TOWN (If	outside corporate brits,	write RURAL and give township)
c. Length of stay in Baltimore Lefe	Mos. Days	411 M. Palhi	regel St.	
	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH 46. 16 18 70		des I Yes; H Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of tops of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to	reign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Treston Brown		Amelia &	Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death.	(A) Cae	dio-Vasa	In Deser	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST, U II OTHER SIGNIFICANT CONDITIONS CON	(C)	pulium '		?
TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	τ			_
19A. DATE OF OPERATION (19B. MAJOR	FINDINGS OF OPER			YES NO
	CE OF INJURY (e. g., i arm, factory, street, office bldg.,		f in Baltimore City, giv	e exact location)
INJURY (Month) (Day) (Year) (Hour) m.	VHILE AT NOT WHILE WORK AT NORK		OCCUR?	
23A. SIGNATURE	and that death occur	rred at 2 Pm, fyom to	he causes and on the	that I last saw the date stated above. 23c. DATE SURNED
24A. BURIAL. CREMA- TION, REMOVAL (Specify)	Shary St	RY OR CREMATORY 24D. LO	OCATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATULOCAL REGISTRAR TO 1950 Tunto for NULL	RE LANGE MA	Mis. Sheet	4. Ellisto	auguter
VS 150	physical property	1213	. Carrline	\$.93)



32	0
50 BIRTH	6205

1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:
A. Baltimore City, Maryland

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

Md.

WILLIAM S. LYDECKER

B. FULL NAME OF (If not in hospital or institution, give street address or

Registered No. 6205

July 12, 1950

before admission)

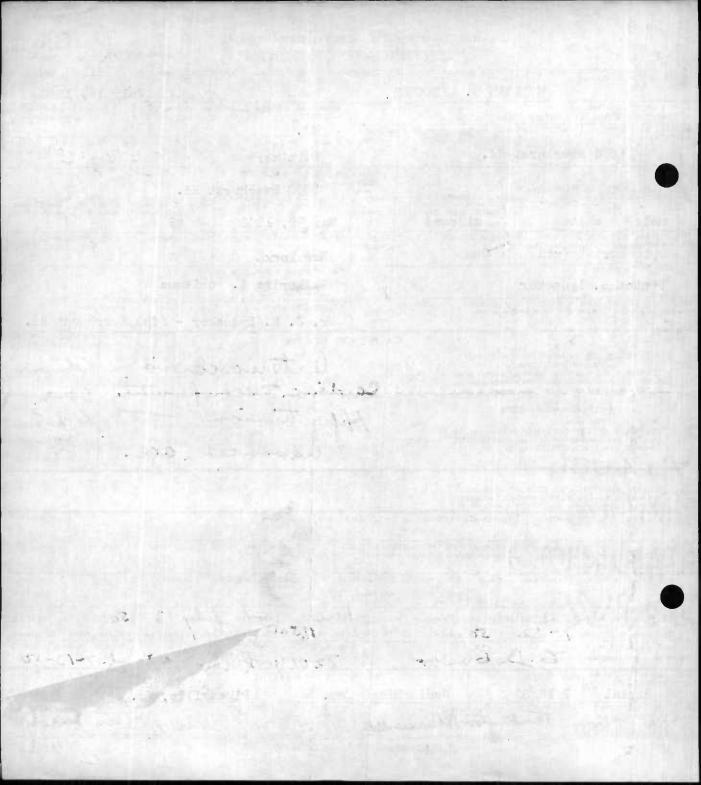
2. DATE

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

OF DEATH

B. COUNTY

IN	ISTITUTION_			location)	c. CITY OR TOWN (If	outside corporate limits,	
() 0	600 Everhurst	Rd.		Baltimore	27	-15 township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
C.	Length of s	tay in Baltimore		Mos. Days	5600 Everhurs	t Rd.	
5	SEX	6. COLOR OR RACE		E, MARRIED.	8. DATE OF BIRTH	9. AGE (in years It Un	der 1 Year If Under 24 Hours
	male	white	wic	ved, DIVORCED (Specify)	May 29, 1862	88	hs Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF WHAT COUNTRY?
	Optome	of working life, even if retired)	Own	INDUSTRI	New York		WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIDEN N		
_		S. Lydecker			Catherine E. P	ohlemus	
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADE	PRESS
	-			SECONTI NO.	Mr. J. M. Lydec	ker - 5600 Eve	erhurst Rd.
	18. 44	3 X ,		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	LEADING TO DEAT			D +=	.0	111
	(This does	not mean the mode o	f dying, e. s	g., (A)	arterios	clews	Outswar
	injury or	re, asthenia, etc. It mea complication which c	ns the diseas aused death	L) DUE TO CA	disc Dees	whencethere	6 muss
		ANTECEDENT CAUS	ES	,	1. +-	1	- / /
Z	DISEASES	S OR CONDITIONS, II		(B)	feelenos		6 yers
HON	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				/
Y	UNDERLY	TING CONDITION LA	ST.	(C)	advance	a age	
FIC						1	
ERTIFICA	OTHER S	II SIGNIFICANT CONDI	TIONS CO	٧.	£		
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	ED			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO
EDICAL	21A. ACCID	ENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., in	or 21c. WHERE DID (f in Baltimore City, giv	e exact location)
MEL	CAUSE OF			farm, factory, street, office bldg., c	(c.) INJURY OCCUR?		
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	D 21F. HOW DID INJURY	Y OCCUR?	
-			m.	WHILE AT NOT WHILE			
	22. I hereh	y certify that I att	anded the		are 1944to	We 12 1950	that I last saw the
	deceased at				red at 11.5 Pm. from t		
	23A. SIGNA		, 1000		3B. ADDRESS		23c. DATE SIGNED
		6.1	3. 6 u	SOV M.D.	720140vf R	1. Dalto lud	7-13-20
2.	4A. BURIAL, C	CREMA- 248, DATE		24C. NAME OF CEMETE		OCATION (City, town, or	county) (State)
TI	ON, REMOVAL (S Buris			Druid Ridge	Cem. Pike	sville, Md.	
	ATE RECEIVE	D BY REGISTRAR	S SIGNATU		25) FUNERAL DIRECTOR		ADDRESS
L	DCAL REGIST	1950	theyton	Miliams, Mit	Illm. J. Vic	ckner Har	s Pallo
111	VS 150	Section	no married	ALL STATEMENT OF THE PARTY OF T	//	D	· IMa ·
				TIME TO SE	V	75	C



CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Mae, (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY. before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS ROPKINS HOSPITA omers township) Committee Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) J 4-7 manne 10A. USUAL OCCUPATION Givekindof 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housekeeping Comers Rock, Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James K. Poole Carolyn Delp 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITEL 18. INTERVAL BETWEEN CAUSE OF DEATH DNSET, AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE 1.1 UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DATE OF OPERATIONS 198. MASOF FINDINGS OF OPERATION 20. AUTOPSY EDICA 21B. PLACE OF INJURY (e. g., in or ZIA. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deccased from (-1) 190 to_ 7 - 14 , 1950, that I last saw the deceased alive on 27/4, 1950. and that death occurred at \$30 pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED PURS HAPTING MASSET

24c. NAME OF CEMETERY OR CREMATORY

Shuler.

LOCAL REGISTEAR

25. FUNERAL DIRECTOR

240. LOCATION (City, town, or county)

ADDRESS

24A. BURIAL CREMA-

DATE RECEIVED BY REGISTRAR SEINATU

quen II, when autope finder, are available, we may be admid regarding suspected neoplasm.

Provide residence of our

See Document File 50-6206
Anatomical Diagnosis made no mention of malignancy
1/17/1951 E.S.

San Jak Deroland

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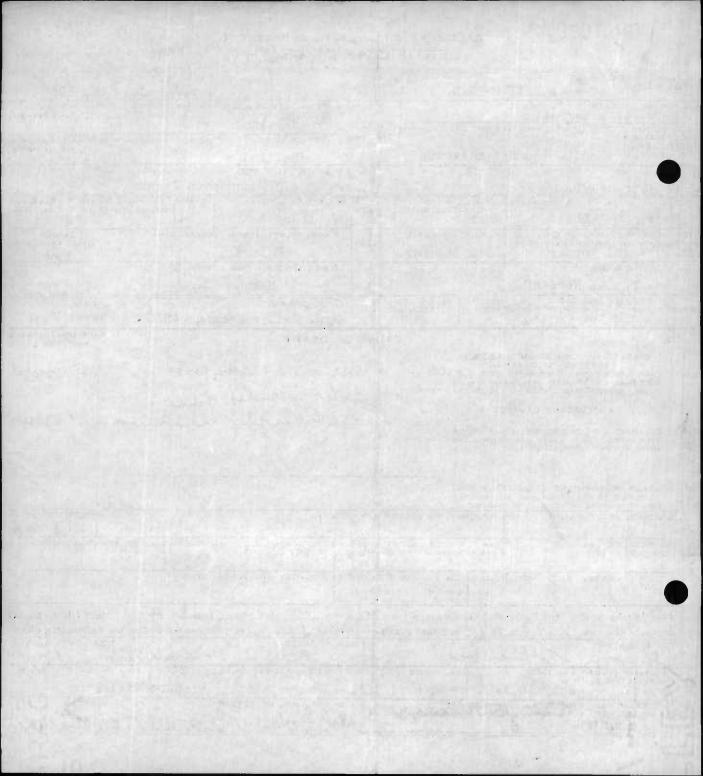
1.7	50	6207
th-	653	5

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6207

Registered No_ 1. NAME OF DECEASED 2. DATE (Type or Print) OF MORRIS HERMAN July 14, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township 4102 Woodhaven Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4102 Woodhaven Avenue c. Length of stay in Baltimore Days 9. AGE (In years) 5. SEX 6. COLOR OR RACE H Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 1889 Male White Married 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Sheet Metal Worker Own Business Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Herman Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Esther Herman 4238 Woodhaven Ave. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I diseuse ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE ERTIFICAT UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION MEDICAL YES (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (Specify) sbout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE WORK ely 14. 193 that I last saw the 22. I hereby eartify that I attended the deceased from U an 10, 194,40 19 50 and that death occurred at 12. m., from the eauses and on the date stated above. deceased alive on 7-15 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE TION REMOVAL (Specify)
Burial Shaarei Tfiloh Congregation Windsor Mill Road July 16,1950 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR +Bros.-1124-26 W.1

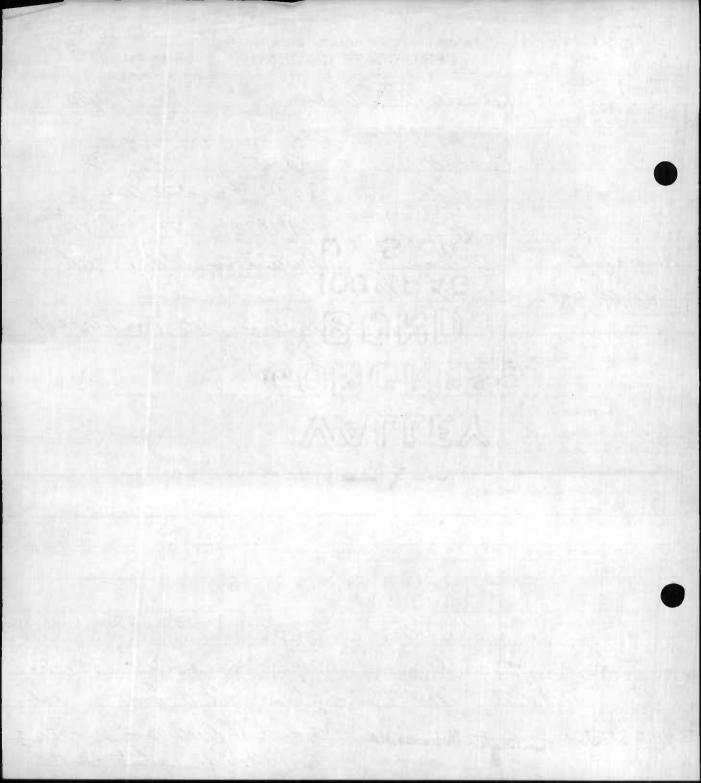


7-450 6208

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

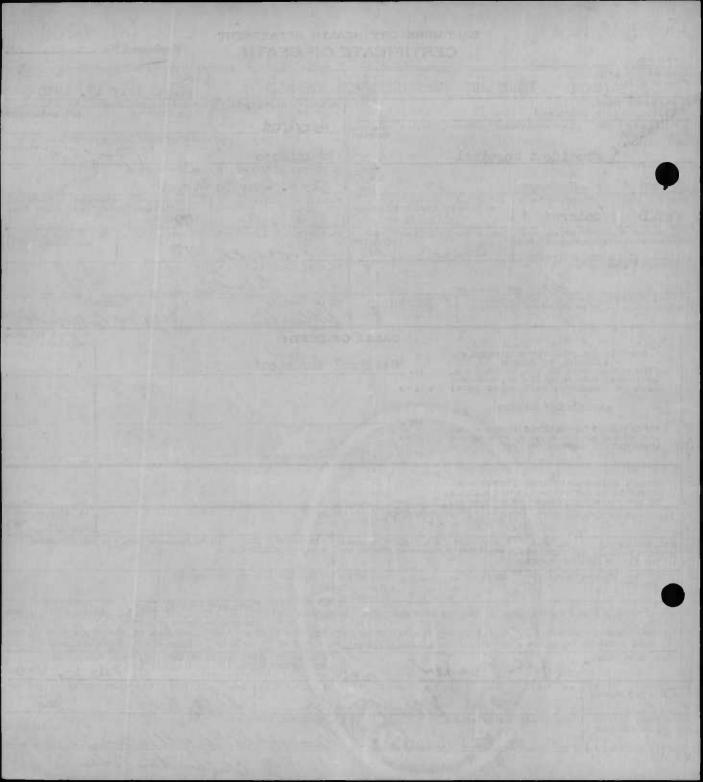
50 6208 Registered No2678

DINTIN INC.					
1. NAME OF DECEASED (Type or Print)	Jean	in 91. 7	Parkers !	2. DATE OF DEATH	7/13/51
3. PLACE OF DEATH: A. Baltimore City, Maryla	9	- U. CU	4. USUAL RESIDENCE		If institution: residence before admission)
		ion, give street address or location)	md		
INSTITUTION	Ici Prese	ott ave	c. CITY OR TOWN	(If outside corporate lin	mits, write RURAL and give township)
001	- mese	ou chre	o. STREET ADDRESS	(If rural, give location)	12
c. Length of stay in Baltin	more	Lefe Mos.	6014 F	rescott a	ne_
5. SEX 6. COLOR OF	RACE 7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Year If Under 24 Hours Months: Days Hours Min.
7 (>		9/29/1872	77	9 14
10A. USUAL OCCUPATION (G work done during most of working life, even	ive kind of 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT_COUNTRY
13. FATHER'S NAME	at	home	- Keisterst or	in Md.	21.8.
Modial	, Do		14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN U.	S. ARMED FORCES?	16. SOCIAL	Julia	amler	
(Yes, oo or uokoowo) (If yes, give w	ar or dates of service)	SECURITY NO.	17 INFORMANT	in ett - 1021	ADDRESS WUSTELST
18. 422.2		CAUSE	OF DEATH	ogeno 100-	INTERVAL BETWEEN
DISEASE OR COND	ITION DIRECTLY	\sim			ONSET AND DEATH
(This does not mean the	mode of dying, e. s	(A) N	oc andi	ty	unglin
heart failure, asthenia, etc injury or complication	which caused death	e, .) OUE TO			
ANTECEDEN	r CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING					
UNDERLYING CONDIT	ISE (A) STATING THE				
		(C)			
OTHER SIGNIFICANT	CONDITIONS COM				
TRIBUTING TO THE DEAT	H. BUT NOT RELATE	0			
19A. DATE OF OPERATIO		FINDINGS OF OPER	ATION		20. AUTOPSY?
4					YES NO
21A. ACCIDENT WAS UN LYING OR CONTRIBUT CAUSE OF DEATH		ACE OF INJURY (e. g., i	21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	, give exact location)
INJURY (Month) (Day		21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
	m.	WHILE AT NOT WHILE			
22. I hereby certify the					50 that I last saw the
deceased alive on 7-	13 , 1950		red at \$130 m., from	m the causes and on	the date stated above.
- Frank	Astan	nd 01 - M. O.	In Dans Sta	TUO 84	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. TION, REMOVAL (Specify)	DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24	. LOCATION (City, tov	vn, or county) (State)
3. 7-	17-50	mr. Cal	Tues Colm	(1. h. bu.	md-
DATE RECEIVED BY REGISTRAR	STRAR'S SIGNATU	RE	25. FANERAL DIRECTO	DR & an .	ADDRESS
111 1 6 1950		Williams	Samuel M.	Dullevan	1 93 F
VS 150	The state of the s	and the second of the second	100 An	100° -+	1000
4	Service of the service of	non a redigirment of a market of	1011.11.	Whenlika	- / me



A-	6552	6239
IRTH	NO.	

4	-51	6203	BAL	TIMORE CITY HE	ALTH DEPARTMEN	IT	00 621	33
B	IRTH NO.			CERTIFICATI	E OF DEATH	Registere	d No	
1.	NAME OF Daype or Print)		STEAD)	MARY ELIZABET	TH ARMSTEAD	2. DATE OF DEATH JU	lv 13. 10	950
	PLACE OF D	DEATH: City, Maryland			4. USUAL RESIDENCE	D	. If institution:	residence re admission)
B.	FULL NAME		al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate l		
Ir	STITUTION	Provident H	ospital		Baltimore	1	7-02	township)
C.	angth of s	stav in Baltimore		60 Yrs. Mos. Days	515 W. Lanval			
-	SEX	6. COLOR OR RACE		E, MARRIED, (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year Months: Days	If Under 24 Hours
	female	colored		Single	1870	79	Months: Days	Hours Min.
wor	A. USUAL OC k done during most	CCUPATION (Give kind of of working life even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZE WHAT	N OF COUNTRY?
13	FATHER'S	NAME NAME	1,400	vseurry	14. MOTHER'S MAIDEN	NAME ,		
		Unks	- our	_	_ Un	Kning		
(Ye	a, no or unknown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	del-2029)	ADDRESS	L. St
	18. 2 2	2 X ,		CAUSE	OF DEATH	des avery	INTERV	AL BETWEEN
		SE OR CONDITION					ONSET	AND DEATH
		LEADING TO DEA's not mean the mode oure, asthenia, etc. It mes	f dying, e. 1	5-3 (A)	al thrombosis	9848 4 0184484484844 49 2200000000000000000000000000000000000		-00
		complication which						
		ANTECEDENT CAUS	ES					
Z		S OR CONDITIONS, 1		IG			***************************************	*************************
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
RTIFICATION								
RTI	OTHER SIGNIFICANT CONDITIONS CON-							
CE		OF OPERATION 1		FINDINGS OF OPER	ATION			UTOPSY?
1							YES	No X
EDICAL	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., in arm,factory,street,office bldg.,e		(If in Baltimore Cit	y, give exact lo	cation)
Σ	21D, TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJU	JRY OCCUR?	CVT-FA	
	22. I certi	ify that I took char	ge of the	remains described a	ooce, nea an	ection & Inq.	increon	and from
	the ev	idence obtained by cath in my opinion	said Auto	psy, Inspection or I	Autops nguiry, find that said ♠, accident □, suici	y, Inspection or Inqui deceased died on de □, homicide □	the day star	tcd above,
	23A. SIGNA		Fra	Qa-/	23B. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	L EXAMINER	July 13.	
24 TI	A. BURIAL.	CREMA- 24B. DAVE		24C. NAME OF CEMETE		. LOCATION (City, to	wn, or county)	(State)
	13.	7-16-	50	md. (fe or	v 6hm. A	Sult. Ev.		mol-
	ATE RECEIVE		SIGNATU	RE /	25. FUNERAL DIRECTO	18.00	ADDRESS	£3/3
37	s 111 1 1	5 1950 rtut	inter!	Misus, M. P.	Namuel 1	V. Pullur	an pr	000
V	3 131	· mosta	A dientify	and half of the gent of the second	1011 M. Co	elington	are	V



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VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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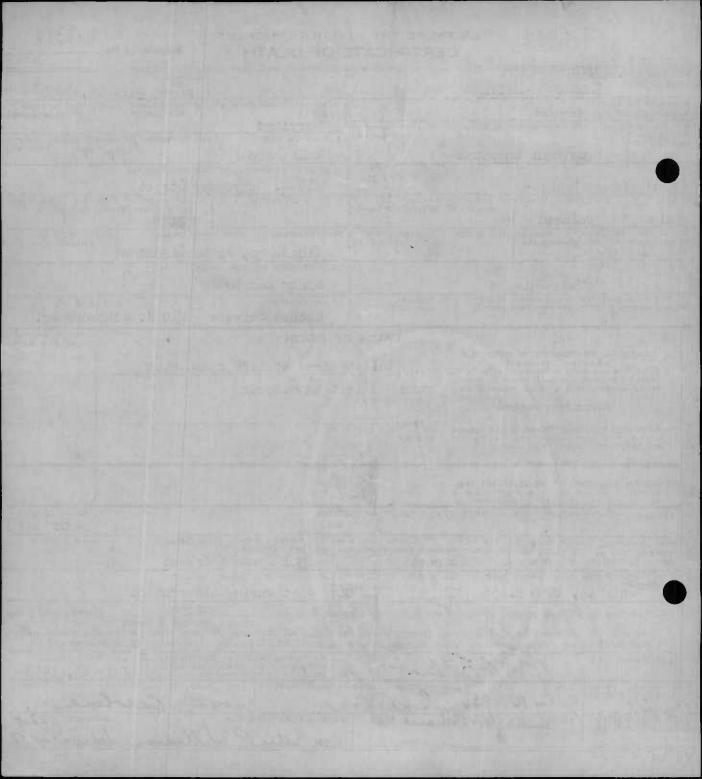
Registered No .__

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH JULY 14, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. 1) institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HORRIS HONDY: Yrs.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give (township) D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore A fe Mos. Days	3612 Edandole Rd.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	3-16-29 9. AGE (in years of Under Veer Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of rork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BYRTHPLACE (State or foreign country) 12. CITIZEN OF WHAF COUNTRY?
March	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS HOSPITE
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	us erythmatosus Tyears disseminatus
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19a. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO NO
CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7 deceased alive on 14 19 and that death occur	red at 7 form, from the causes and on the date stated above.
Victor . Province M.D.	38. ADDRESS 23C. DATE SIGNED LONG 15. 1950
244 BURIAL CREMA- 248 DATE 249 NAME OF CEMETE	RY OR CHEMATORY 24D. LOCATION (City, town, or county) (State)
7000	on Date ma

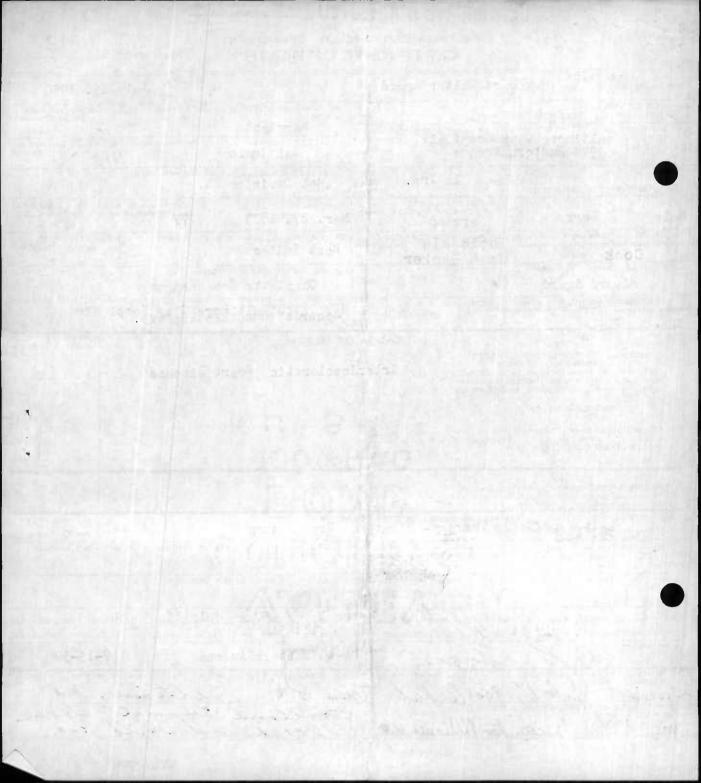
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5-162						
	FOR DEATH Registered No.					
BIRTH NO. CERTIFICATI	E OF DEATH					
1. NAME OF DECEASED (Type or Print) ALONZO SHIVERS	2. DATE OF DEATH July 14, 1950					
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR location)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
Provident Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days	219 N. Schroeder Street					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) male colored	8. DATE OF BIRTH 9. AGE (In years If Under 24 Hours I Under 24 Hours Min. 24					
10A. USUAL OCCUPATION (Givekind of OB. KIND OF BUSINESS OR Work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
LAB REVL	Winnsboro, South Carolina WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Nathan Shivers	Nancy Rosebough					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
	Nathan Shivers 219 N. Schoeder St.					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.						
U 19a. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER						
U 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in underlying in or contrib. about home, farm, factory, etreet, office bidg., etc., office	or 21c. WHERE DID (If in Baltimore City, give exact location)					
21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 1301 Fremont Street 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 1301 Fremont Street 21F. HOW DID INJURY OCCUR? Shot during altercation						
22. I certify that I took charge of the remains described of	above, held an autopsy thereon and from					
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square .						
	238. CHIEF MEDICAL EXAMINER					
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) July 16, 1950 Leste	RY OR CREMATORY 249. LOCATION (City, town, or county) (State)					
DATE RECENTION REGISTRATE STONAT BELLEVILLE ME 25. FUNERAL DIRECTOR ADDRESS 3221.						
Williams Shwenings						
N-861.4 97099	166 V					



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Edward Walter Agard (Type or Print) July 15, 1950 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATI B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION 4940 Eastern Avenue Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore Yrs. o. STREET_ADDRESS (If rural, give location) 11 Yrs. Mos. 1541 Division St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) H Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Male Negro Hours Min. Mar. 27, 1873 Married 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) Wholesale industry 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? West Indies Cook Packer Meat 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Agard Charlotte Von Hanigan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL Records 4940 Eastern Ave. (Yes, no or unknown) SECURITY NO. no. 18. CAUSE OF DEATH INTERVAL BETWEEN 20.0 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Heart Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATI OUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. March 15, 1950 198. MAJOR FINDINGS OF OPERATION Therapy- Bilateral Orchmectomy 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT AT WORK 22. I hereby certify that I attended the deceased from March 1 1950 to July 15 , 19 50 that I last saw the July 11, 19 50, and that death occurred at 11:45AM., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 4940 Eastern Avenue 7-15-50 SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAN VS 150

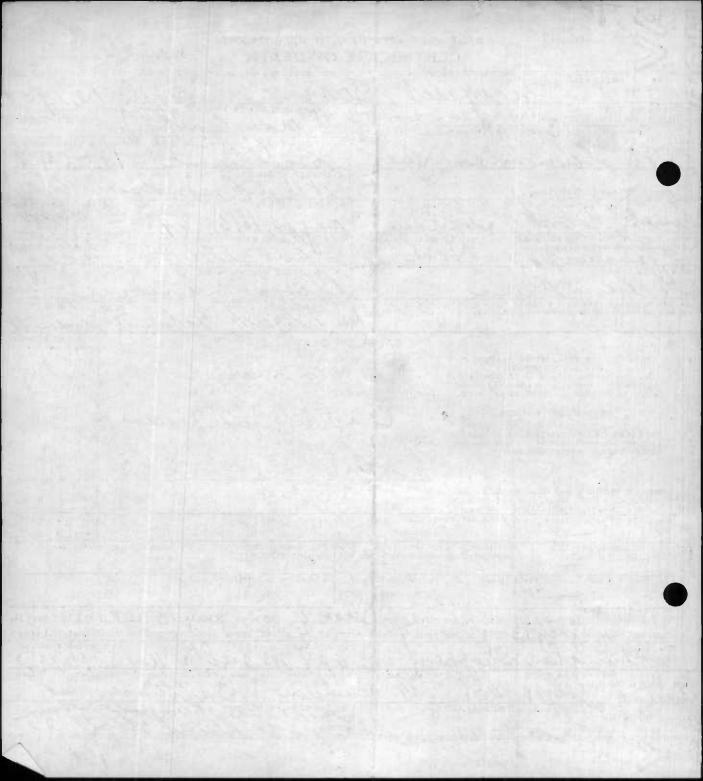


BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6213 Registered No.

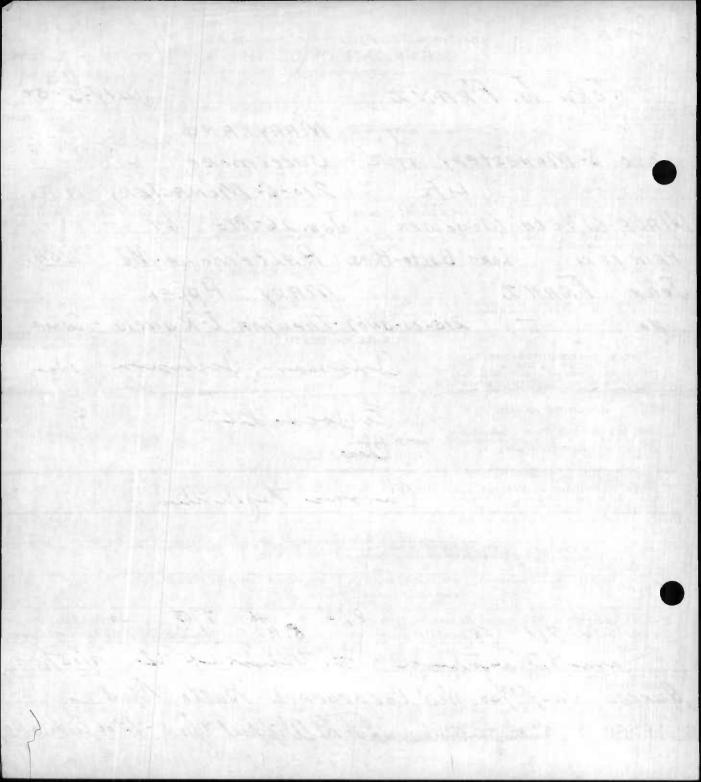
	NAME OF DE	ECEASED	margi	aret,	13	ciry	2. DATE OF DEATH	ules !	13,1950
Α.		ity, Maryland		mondon	ran	A. STATE	(Where deceased		tution: res dence before admission)
HC	SPITAL OR	OF (If not in ho	spital or instituti		ddress or location)	C, CITY OR TOWN	(If outside corpor	ate limits, wr	ite RURAL and give
IN	PO	Ellm	inden	I are		Balt	-i	16	- O toynship)
					Yrs. Mos.	D. STREET ADDRESS	If rural, give loca	tion)	
c.	Length of st	tay in Baltimor		MARRJED,	Days	1800 Ka	9. AGE (In	years II Undor	Year If Under 24 Hours
2	emale	6. COLOR OR RA		EL DIFORCED	(Specify)	may 62, 188			Days Hours Min.
		CUPATION (Give ki f working life, even if ret			S OR DUSTRY	11. BIRTUPLACE (State of	foreign country	1/A 12.	CITIZEN OF WHAT COUNTRY
13	FATAER'S N	sewife	, 04	tome		14. MOTHER'S MAIDEN	rec a.	1-1	usa,
1	Deren	1. K	2			14. MOTHER'S MAIDEN	NAME		. 9/
		D EVER IN U. S. AI		16. SOCIAL	5	17. INEORMANT	Sem.	ADDR	FSS / 602 3
(Yes	, no or unknown)	(If yes, give war or	dates of service)	SECURIT	Y NO.	is margaret	penter	n.	humas It
	18. 43	41.		C	AUSE	OF DEATH			INTERVAL BETWEEN
	DISEAS	E OR CONDITION			7	P. ()			~ da.
	(This does heart failu	not mean the more, asthonia, etc. It	de of dying, e. g	., (A)	20	var neum	oug		a nay
	injury or	complication whi	ch caused death	.) DUE TO			100	T du s	· ·
z		ANTECEDENT C	AUSES	(B)	-DN	gestine Nea	ut Dials	asp	
2		OR CONDITION		G					***************************************
CA	UNDERLY	ING CONDITION	N LAST.		1	P = 0			
L		11		(C)		Weary.			
ER		IGNIFICANT CO				1			
0		F OPERATION		FINDINGS O	F OPER	ATION		· · · · · · · · · · · · · · · · · · ·	20. AUTOPSY?
AL				_			H H H H		YES NO
EDICA	ACCIDE HOMICIDE	(Specify)		CE OF INJUR			(If in Baltimor	e City, give	exact location)
Σ		Month) (Day) (Y	ear) (Hour)	2 1E. INJURY C	CCURR	ED 21F. HOW DID INJU	JRY OCCUR?		***************************************
E,	INJURY		m.		OT WHILE		0		
	22. I hereby	y certify that I	attended the	deceased from	$m \mathcal{M}$	lar 6, 195D, to	July 13	, 1950, th	at I last saw the
			13, 19 5 0,	and that deat		red at 4 Pm., from	the causes ar		
	POA. SIGNAT	ouglas.	Shep	herd	M. D.	604 n, Ju	eller a	Pup "	Sc. PATE SIGNED
3/	A. BURIAL, C	REMA- 24B. DA	TE // 6	4		RY OR CREMATORY 240	LOCATION (Ci	ty, town, or c	(State)
Q	weat	July/	6,1450	Mr.	U	where 1	Jalu.	muse,	Md.
T'C	CAL REGIST		AR'S SIGNATU	RE		25 FUNERAL DIRECTO	1 cun	ASI.	10 me
		61950	inter Mill	Louis Adal		1631 N	mud	ate	y me.
	VS 150	3 20 E F 4 .	A April 13	suprimition of the	Si .	0 1 53		/	08
			San Stranger			b		/	



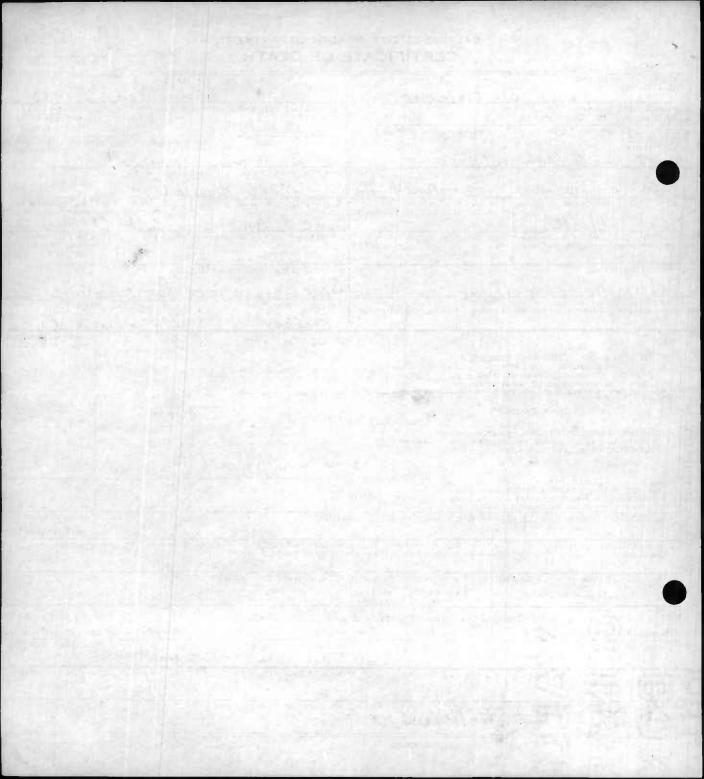
50 6214 BALTIMORE CITY HEALTH DEPARTMENT Registered No ._ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DEGEASED 2. DATE (Type or Print) 4. USUAL RESIDENCE (Where deceased fived, If institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RUBAL and give INSTITUTION township) MONASTERY Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 9. AGE (in years / I Under I Year 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. idowed 10A. USUAL OCCUPATION (Givekindnf) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, nn nr unknown) (If yes, give war or dates of service) SECURITY NO 18. 42 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI LYING OR CONTRIBUTING about hnme, ferm, factory, street, nffice bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE . 1950, that I last saw the 22. I hereby certify that I attended the deceased from. 1946 to 19 1, and that death occurred at . A.m., from the causes and on the date stated above. deceased alive on_ 23A-SIGNATURE 23B. ADDRESS 23c. PATE SIGNED ZAA. BURIAL, CREMA-ATION (City, Jown, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

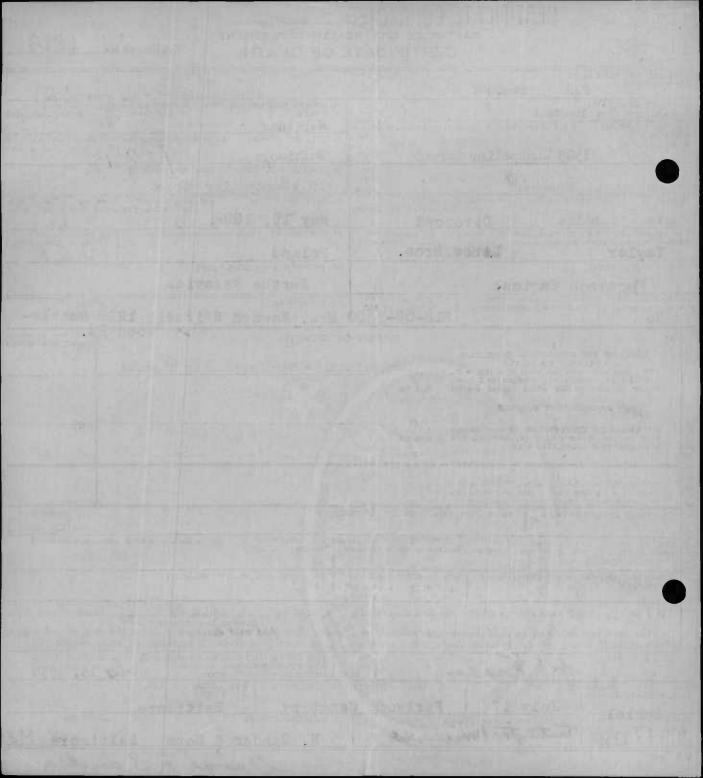
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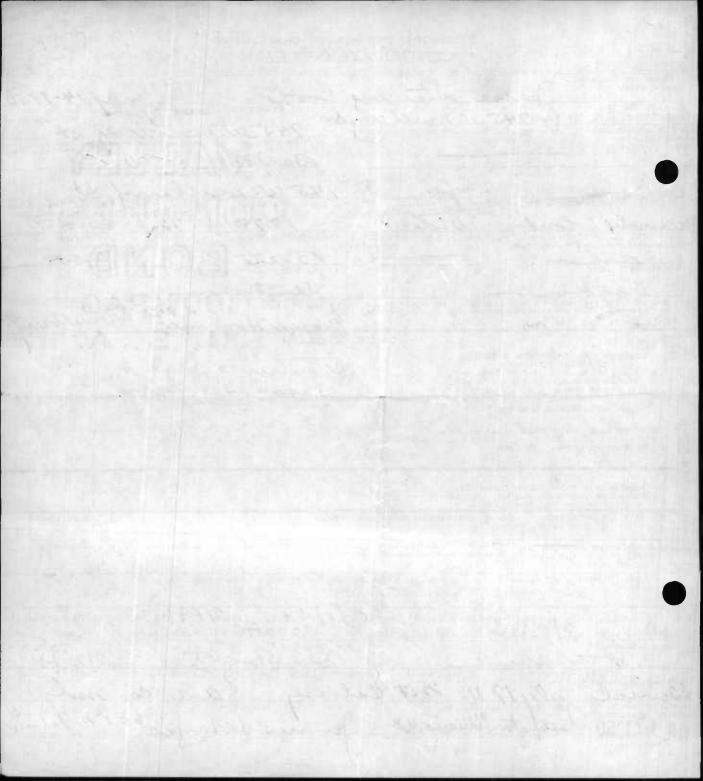
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ВІ	50 6215 RTH NO.50-1/098	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	S(Registered No	0 6215
	NAME OF DECEASED Saby Boy	melchior		2. DATE OF DEATH JUNE	2,1950
A.	Baltimore City, Maryland		A. STATE	here deceased lived. If in B. COUNTY	stitution: residence before admission
HC	SPITAL OR	titution, give street address or location)		outside corporate limits,	write RURAL and give
	Past Balto General	Hosp Yrs.	D. STREET ADDRESS (If I	rural, give location)	
7	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SIN	MITTIER 4 Days	5206 m	ple Que	nder 1 Year If Under 24 Hours
7	nole White will	DOWED, DIVORCED (Specify)	June 2, 1950		ths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of 108. It done during most of working life, even if retired)	(IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	1	L ·
	WAS DECEASED EVER IN U. S. ARMED FORCE p, po or unknown) (If yee, give war or dates of service)	S? 16. SOCIAL SECURITY NO.	17. INFORMANT	es Lonsta	hline.
	18. 79 4 X		of DEATH	5-206 Me	INTERVAL BETWEE
ERTIFICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused antecedent Causes ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIM UNDERLYING CONDITION LAST.	c, e, g., (A) (Sisease, death.)	Prematurion Mongolian I termaphro	ty I diot di te	
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RI TO THE DISEASE OR CONDITION CAUSI	ELATED			
		JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL		PLACE OF INJURY (e. g., nome, farm, factory, street, office bldg.,		f in Baltimore City, giv	ve exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURE WHILE AT NOT WHILE AT WORK		OCCUR?	
	22. I hereby certify that I attended deceased alive on 194	D, and that death occu		he causes and on the	that I last saw the date stated above
Z.	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	24C. NAME OF CEMETE	hitepital 3	Dept. of:	di.
0.4	ATE RECEIVED BY REGISTBAR'S SIGN		25. PUNERAL DIRECTOR	0	ADDRESS
	VS 150	AND THE PROPERTY OF THE PROPER	6 2 1 5		159



Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) BARTOZY BARTOSZ JOHN DEATH July 14, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1503 Montpelier Street Baltimore Yrs D. STREET ADDRESS (If rural, giv. location) 30 yrs. Mos. c. Length of stay in Baltimore 1503 Montpelier Street 9. AGE (In years | Months Days | Hours Min. 6 COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH white May 19, 1898 male Divorced 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Labow Bros. Taylor Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Wazowicz Ferdynad Bartosz 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (if yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS No 1229 Ramble-Mrs. Howard Stirzel WOOD TO TERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. EDI UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an _ autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR . 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 48 DATE 24D. LOCATION (City, town, or county) (State) July 17 Parkwood Cemetery Baltimore 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE miticator / Sander & Sons VS 151



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BIRT	621/		E OF DEATH	Registered No.	6217
1. NA (Type	ME OF DECEASED or Print)	Sta less	Cook,	2. DATE. OF DEATH	14-1854
A. Ba	ACE OF DEATH: altimore City, Maryland 745 W	. mulberry	4. USUAL RESIDENCE (W		titution: residence before admission)
HOSE	LL NAME OF (If nowin hospital or insti- PITAL OR TUTION	tution, give street address location	c. CITY OR TOWN (If	outside cornorate limits,	rite RURAL and give township
0		Yrs.	o. STREET ADDRESS (If r	ural, give location)	township)
c. Le	ngth of stay in Baltimore La	Mos. Days	245 W. me		&X
Tres	O O O O O NAME OF THE	OWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years ff bad last birthday) Month	er Year If Under 24 Hours Min.
10A. U work don	USUAL OCCUPATION (Give kind of lob. KI) eduring most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NA		v.S.A
15 W	hupin		Unhan		
(Yes, no	AS DECEASED EVER IN U. S. ARMED FORCES: or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	· 745 W. X	RESS Nulley
18	. 443x	CAUSE	OF DEATH	200	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying,	1-1	Destinano	Conles	3
	heart failure, asthenia, etc. It means the disc injury or complication which caused des	ase.	Vasarlan	Diserso	
7	ANTECEDENT CAUSES	(B)			1312
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ING			••••••••••••••••••
FICA		(C)			
ERTI	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELA				
U	A. DATE OF OPERATION 198. MAJO	OR FINDINGS OF OPER			20. AUTOPSY?
EDICAL	14 ACCIDENT WAS UNDER 218 P	LACE OF INJURY (e. g.,	n or 21c. WHERE DID (If	in Baltimore City, give	YES NO
MED	1A. ACCIDENT WAS UNDER. YING OR CONTRIBUTING About bon AUSE OF DEATH	ie, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	in Datimore Oily, give	exact location)
2	D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURR		OCCUR?	
2:	m. 2. I hereby certify that I attended th	WORK AT WORK	11 4 9, 19 to 21	14/2019_t	hat I last saw the
de	eceased alive on 2/110 49	and that death occur	rred at 9:00m. from th		
23	BA. SIGNATURE	м. р.	3B. ADDRESS GLACE	大	Sc. DATE SIGNED
24A.	BURLAL, CREMA- REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240 LO	OCATION (City, town, or	county) (State)
	RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR	a. Co	DDRESS 1 &
1111	171950 Contractor Mil	lieur, M.B.	James and	ayes 638	1. Telmer
	VS 150	A CONTRACTOR OF THE PARTY OF TH	. 0 1 17	9	3)
	1 7 3	V STEEL ST		1	



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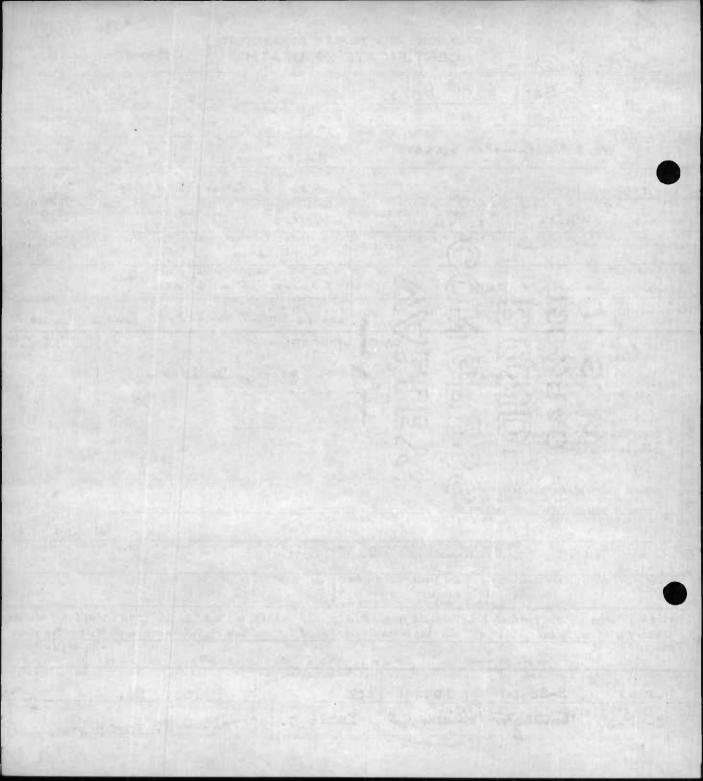
50 6218

161a

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 0 - 1402X	- OI BEATTI
1. NAME OF DECEASED (Type or Print) Baby Girl Herget	2. DATE OF DEATH 2/21/50
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION West Baltumore General	Saltemore 23-02 township
Yrs.	D. STREET ADDRESS (If rural, give location)
Longth of stay in Dallinger	1323 S. Charles Street
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) II Under I Year II Under 24 Hours
Female White WIDOWED, DIVORCED (Specify)	
IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR ork dooe during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork dooeduring most of working life, even if retired) INDUSTRY	Mary land WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Emanuel Herget	Louise Etta Green
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If you, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No-	Louise Etta Herget 1323 S. Charles St
18. 7 6 2 . 0 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
I DECENTED TO THE PROPERTY OF	electasis, Bulateral
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	many
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
198. MAJOR FINDINGS OF OPER	
	YES NO L
2 21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21a. PLACE OF INJURY (e. e., i	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
	1950, to 2/2/ , 1950, that I last saw the
	rrcd at
23A. SIGNATURE Helm 9. hageines M. D.	236. ADDRESS 1445 h Gay St
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 2-22-50 Laudon Park	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	Mamie C.Syfer-1600 W. North Ave.
VS 150	



2)
0	6219
BIRTH	

BALTIMORE CITY HEALTH DEPARTMENT

50 6219

Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF TINGTON DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 055/and live c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) la birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) merula 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Real Estate Garant 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 710 INTERVAL BEATTEN CAUSE OF 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION MEDICAL NO 6 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE WHILE AT 51950, to 2 - 15 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from 7-10 deceased alive on 1-13 1957 and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-248 DATE TION, REMOVAL (Specify)

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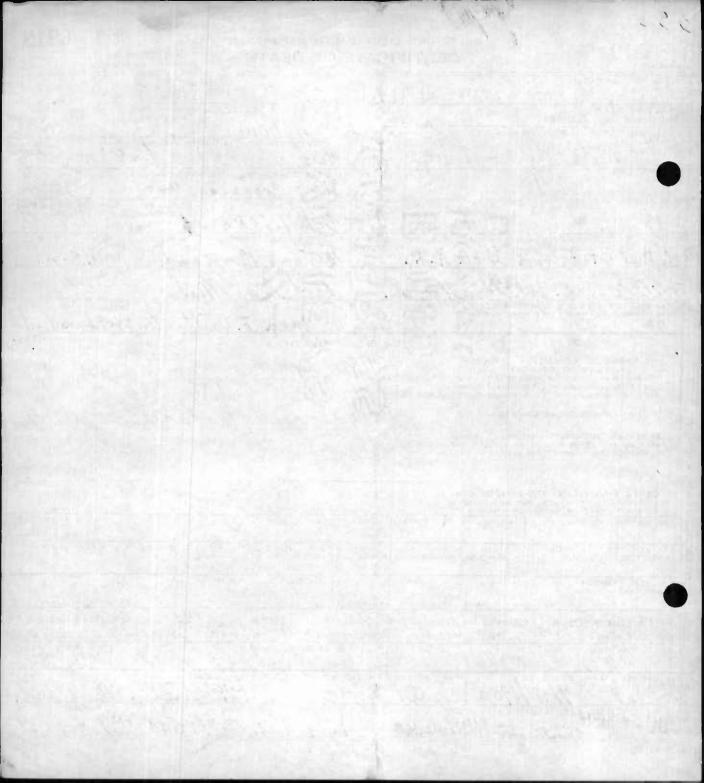
REGISTRAR'S

Burnas DATE RECEIVED BY

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5. FUNERAL DIRECTOR

ADDRESS



O.B.	460 RTH \$320			TIMORE CITY HE	ALTH DEPARTMENT OF DEATH		50 ered No.	6220
	NAME OF D	ECEASED JO	HN	TAYL	OR	2. DATE OF DEATH	July 14	, 1950
Α.		City, Maryland	al or instituti	ion, give street address or	4. USUAL RESIDENCE A. STATE Maryla	E (Where deceased li		tion: residence before admission)
H	OSPITAL OR ISTITUTION	Franklin Squ		location)	c. CITY OR TOWN Baltime	(If outside corporat	e limits, writ	e RURAL and give township)
c.	Length of s	tay in Baltimore	110	Yrs. Mos. Days	D. STREET ADDRESS		ion)	
5.	Male Male	6. COLOR OF RACE		MARRIED, (Specify)	8. DATE OF BIRTH	9. AGE (In ve	ars if Under 1	Year Hours 24 Hours Days Hours Min.
	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country		ITIZEN OF HAT COUNTRY
13	MAKE S	NAME			14. MOTHER'S MAIDE	N NAME		
15 (Yes	. WAS DECEASE s, no or unknown)	ED EVER IN U. S. ARME! (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Dilation	843 C	hina H
ATION	(This does heart failu injury or DISEASE: RISE TO T	SE OR CONDITION LEADING TO DEA not mean the mode of the complication which is one complication w	TH of dying, e.g. ons the diseas caused death SES FANY, GIVIN STATING TH	(B)	of DEATH ural Hematoma			TERVAL BETWEEN
CERTIFIC	TRIBUTING TO THE D	GIGNIFICANT CONDIG TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	NOT RELATE	D C 1.1111				20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G X OR CONTRIB- CAUSE OF DEATH.	about home, f	CE OF INJURY (e. g., in arm, factory, atreet, office bidg., e	to.) INJURY OCCUR?	(If in Baltimore	City, give ex	ract location)
Σ	July 1	(Month) (Day) (Year) 4, 1950 2:10		21E. INJURY OCCURRING NOT WHILE MORK AT WORK		ury occur?	auto	
	22. I certi	fy that I took char	ge of the	remains described a		SOPSV Inspection or In		reon and from

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square .

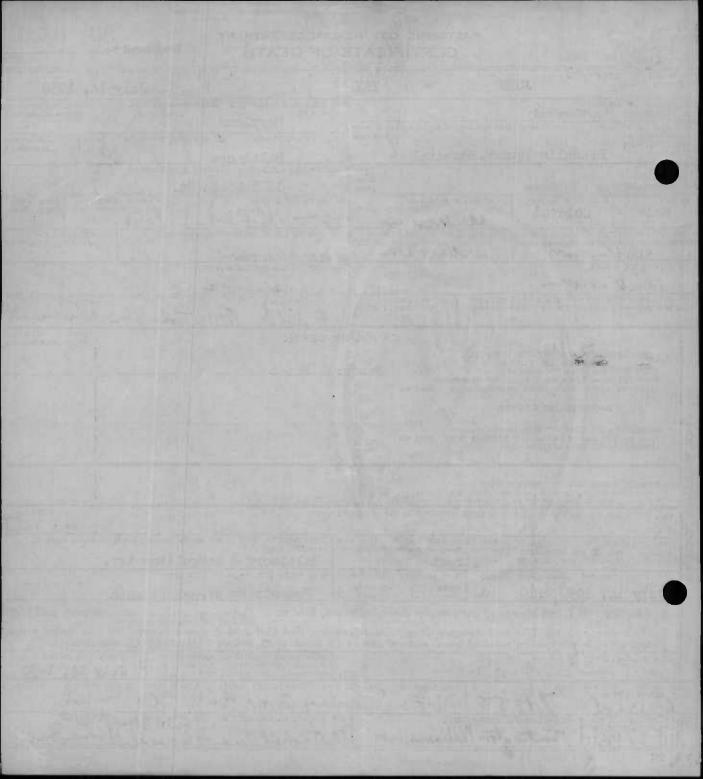
OR CREMATORY

238, CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR

TION (City, town, or county) (State)

24A. BUNIAL, CREMA-TION REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETER DATE RECEIVED BY LOCAL REGISTRAR

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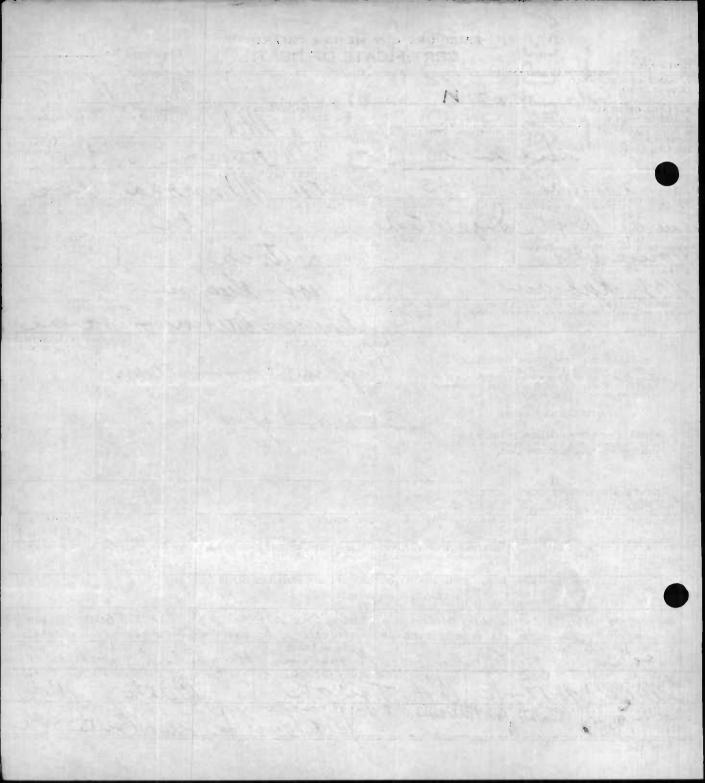


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6221

BIRTH NO.							
1. NAME OF DECEASED (Type or Print) Ella Dubik	2. DATE OF 7-16-50						
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)							
Yrs.	D. STREET ADDRESS, (If rural, give location)						
c. Length of stay in Baltimore Hospital A. S. Mos. Bays.	SSIB Minnora leve						
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVOSCED (Specify)	00						
10A. USUAL OCCUPATION (Give kind of orkind of orkind most of working life, every firetired) NOUSE (NO STATE OF BUSINESS OR INDUSTRY)	11. BIRTHERACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	not phowe						
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Charles Durin - Jane						
18. /53 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	the care T						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	yue warnen						
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
UNDERLYING CONDITION LAST.							
(C)							
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER							
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., i							
HOMICIDE (Specify) about home, farm, factory, street, office bldg	ec.) INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE							
m. work at work	ly 15, 19 50 to bel 16, 195 Othat I last saw the						
	reed at 9:00 m., from the causes and on the date stated above.						
23A. SIGNATURE H. Ruli	23B. ADDRESS Hospital July 16, 1986						
24A BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE TION REMOVAL (Specify)	COLO (State)						
DATE RECEIVED BY REGISTRAR SHISN THE LINE AND THE LINE AN	25. FUNERAU DIRECTOR SADDRESS						
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	46E						



BALTIMORE CITY HEALTH DEPARTMENT

50 - 6222

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) OF JULY 2. DATE 1950 WARDWELL -MARGARET BRUNDIGE S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or location) MARYLAND B. FULL NAME OF (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION HOSPITAL Yrs. D STREET ADDRESS (If rural, give location) Mos. LIPE. WINSTONE c. Length of stay in Baltimore Davs 9. AGE (In years | H Under I Year | H Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) WIDOWED vears 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY OUSE WIFE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOMAS BROGDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRES'S (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY POSTATIC PNEUMONIA LEADING TO DEATH
(This does not mean the mode of dying, e.g., LL day heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES THROMBOS15 CEREBRAL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARDIOVASCULARDISEASE 11 OTHER SIGNIFICANT CONDITIONS CON-20 TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA (If in Berlimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (c. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? MONE 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT AT WORK 22. I heraby certify that I attended the deceased from Jia . that I last saw the deceased hlive on 1950 and that death occurred at 11 15 In. from the equies and on the date stated above 23A. SIGNATURE 23B. ADDRESS

24A. BURAL, CREMA-24C. NAME OF

DATE RECEIVED BY LOCAL REGISTRAR REGISTRATS SIGNATURE Jav

PENERAL DIRECTOR

VS 150

e meneral address, lane Just 14 1930 MISSARLL & MARGERRET BUILDING Consider BOLT IMORE 12 I'EH HEWE PAR HOSPITAL LIG WINSTONE HEE 1,994 EMILE KUDIKAN WIDOWED MAY 25 8 27 71 years 23 VARYLAND THURSE WIFE FROM BIGE ANNA BROGGE HYDSATIC PAEUNONIA 1. des CEREBIAL THOMBSIS 12 May THE RESERVE STORE AR DISTANCE OF THE STORE ARE DISTANCE OF THE STORE OF THE STORE ARE DISTANCE OF THE STORE ARE DISTANCE OF THE STORE OF THE STO 2725 HYPER TENSON BUCH 3.4 for the property of the pr 1.00 pin 19 19 19

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	It to contract of	TILL	0 0000						
1	DIRTH NO. CERTIFICAT	E OF DEATH Registered No	0 0223						
1	1. NAME OF DECEASED 1	↑ 2. DATE ↑							
ŀ	(Type or Print)	Se DEATH VA JA	111 195						
ľ	3. PLACE OF DEATH: A. Baltimore City, Maryland Med. Oul.	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission)						
1	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	1 /a. 1 V-3	5						
1	INSTITUTION JOHN'S ROPAINS HUSPILL	C. CIAY OR TOWN (If outside corporate limits,	write RURAL and give township						
1	Yrs.	D. STREET ADDRESS (If rural, give location)	7.5						
	c. Length of stay in Baltimore Mos. Days								
1	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)		der I Year It Under 24 Hours hs: Days Hours Min.						
]-	Male While Child	10-17-44 5 /							
ŀ	106. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY:						
ŀ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Į.	tarold Schul	mulmm.							
L	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give wer or detes of service) SECURITY NO.		DRESS						
1		JOHES ROPKIES HOSPITAL							
ŀ	18. 204.0 I CAUSE OF DEATH								
ı	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease								
ŀ	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
ŧ.	ANTECEDENT CAUSES								
1	A lowA. U								
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C)								
		us sym show were	417 mov.						
li	OTHER CIGNIFICANT CONDITIONS								
Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
ľ	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?						
110	2 18 PLACE OF INTERVAL		YES NO						
E	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, fectory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, giveste.) INJURY OCCUR?	e exact location)						
ľ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?							
ľ	m. WHILE AT NOT WHILE MY WORK AT WORK								
ı	22. I hereby certify that I attended the deceased from	-6-, 19500 7-11-, 1950	that I last saw the						
ĵ.	deceased alive on / -1/-, 19 5 And that death occur	rred at 3 m., from the causes and on the							
l	victor a. Mc Tusiels, M.D.	23B. ADDRESS HORPKIES HOSPITAL	7-11-50						
-	24A. BURIAL, CREMA- TION, REMOVAL (Specify)								
-	DATE RECEIVED BY A RECIETABLE CLOSE TO THE	III WITHING SOUNDE LO OFF	, nnnesee						
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR HOLLIN	ADDRESS						
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	Total Control of the		14a.						

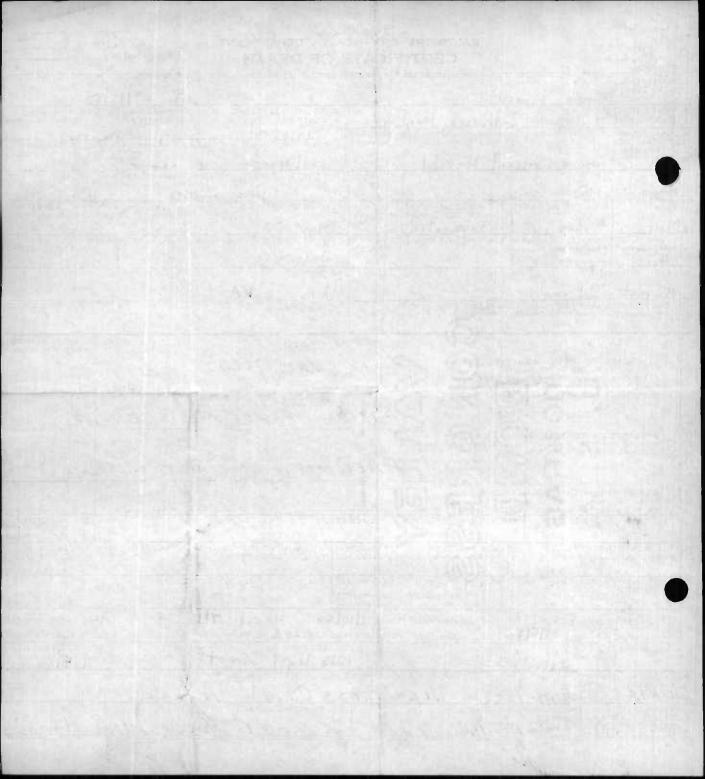
Harrison, intellinal and the second second action with housing things. victor a. Methodela 7-11-5

520 50 6224

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6224 Registered No.

8	IRTH NO.						
1. (T	NAME OF DI Type or Print)	ECEASED .				2. DATE OF	elee
9	PLACE OF DI	Timmie Land	sa		()	DEATH '	2120
A.		ity, Maryland	Baltimor	e Mardand	4. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY	f institution: residence before admission)
H	SPITAL OR	OF (II not in hospi	ital or institut	on, give street address or location)	C. CITY OR TOWN	(If outside corporate lim	its, write DURAL and give
S		Himore Gene	eval Hos	pital	Baltimore	25	-04 township)
L				Yrs.	D. STREET ADDRESS	(If rural, give location)	
		tay in Baltimore		Mos. Days	130 Patapsco	Avenue	
	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	onths: Days Hours Min.
_	Male	White	Sep	arated	May 23	45	
worl	k done during most of	CUPATION (Give kind of f working life, even if retired	I IOB. KINE	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	House w	ipe			Waltimore		
13	A FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
0.2	August	Kal soma			Vera BokA		
(Ye	was DECEASE , no or unknown)	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 4/1	X		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY	CAA	EDIAC FA	ILURE	
	(This does	not mean the mode re, asthenia, etc. It me	of dying, e. s	(A)			
		complication which					
		ANTECEDENT CAU	ISES	MITI	2AL + AOR	THE STE	W 0 C 1 .
Z	DISFACE	OR CONDITIONS,	IE ANY COUR	(13)		3. 61	103/3
E	RISE TO T	HE ABOVE CAUSE (A) STATING TH	E DUE TO			
ICA	UNDERET	ING CONDITION D		PHE	1. 111710 11	FART D	100
H		H		(c) /(// C)	UMATIC H	EARLI DE	15-156
ERT		IGNIFICANT CONE					
C	TO THE DI	SEASE OR CONDITIO	N CAUSING I	T			
7	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDE	NT. SUICIDE,	218. PLA	CE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City,	give exact location)
ED		(Specify)		arm, factory, street, office bldg.,		,	,
Σ	ID. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
	FINJURY		,	WHILE AT NOT WHILE			
	22 7 7		m.	WORK AT WORK	ماحم	Alie 100 10	17.17.7.1
					rred at 2:20 1 m., from		
	23A. SIGNAT		15,		3B. ADDRESS	the causes and on	23c, DATE SIGNED
		Malle	Die		1213 light Stre	et	7/15/50
24	AA. BURIAL. C	REMA 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, tow)	n, or county) (State)
10	JUKIAL	JULY-1	8-50	HOLY CRO	SS CEM	AACo.	
D	ATE RECEIVED	BY REGISTRAR	'S SIGNATU	RE	25. FUNERAL DIRECTO	R	ADDRESS
	1 7 195	50 Thurstie	标儿	CAULA M. TO	Bemard 6.	Harle 12	16 West Sx
7	U L	Brance 6					^
	VS 150	240 PM					(10 -



	5	mark.	2	5
5	() RTH	N	62	225
1.	NAN	1E	OF	DECEA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6225

В	IRTH NO.						
	NAME OF DEC	CEASED	NANG	24 John	V SON	2. DATE. OF DEATH	1.14.50
B. H	FULL NAME O	ty, Maryland		ion, give street address of location		B. COUNTY	before admission)
11	NSTITUTION			Yrs.	Bark	envie	nits, write RURAL and give township)
c.	Length of sta	y in Baltimore		Mos. Days	211 Jan	Trural, give location)	Euf.
	+.	COLOR OF RACE	WIDOW	E. MARRIED. ZED DIVORCED (Specify	B. DATE OF BIRTH	9. AGE (In ars last bira ay)	Months Days Hours Min.
wor	k dooe during most of v	UPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NA	Cla	Kuo	W	14. MOTHER'S MAIDEN	NAME	
15 (Ye	MAS DECEASED	EVER IN U. S. ARMET (If yee, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	i, Na	ADDRESS
RTIFICATION	OISEASE (This does repeated in finite in finit	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH CAUSE OF DEATH CORONARY Thrombosi'S DUE TO (A) CORONARY Thrombosi'S DUE TO (B) ARTERIOSLEROTIC HEAVE DISEASE / OY DUE TO (C) (C)					
CE	TRIBUTING "	GNIFICANT CONDITION TO THE DEATH, BUT EASE OR CONDITION OPERATION 1	NOT RELATE CAUSING I	D	RATION		20. AUTOPSY?
MEDICAL		NT WAS UNDER- CONTRIBUTING DEATH		CE OF INJURY (e. g., arm, factory, street, office bldg.,		(If in Baltimore City	yES NO , give exact location)
	ID. TIME (M	onth) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		RY OCCUR?	, b
	22. I hereby deceased aliv 234. SIGNATU	JRE /	, 1950	and that death occu-	500 Ritche	the causes and on	that I last saw the the date stated above.
2	4A. BURIAL, CR ON, REMOVAL ISPE	EMA- 248. DATE	100	Marle OF CEMETE		LOCATION (City, tow	
1	ATE RECEIVED	REGISTRAR	tor Nul		acres L.	u Ceres	ADDRESS
	VS 150	Com.	~44.84° =	Wanter of the State of the Stat	130 6	Hand Eur	1. 93)

5001 Retaling they Lave, CARLOS OF STREET STREET, STREE

4	BALTIMORE CITY H		6226					
ВІ	CERTIFICAT	E OF DEATH Registered No						
	NAME OF DECEASED madeline Bla	2. DATE OF DEATH	416 50					
	PLACE OF DEATH: Baltimore City, Maryland	A STATE B. COUNTY	stilution : residence before admission)					
HC	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR STITUTION INTO A PART OF THE STITUTION INTO A PART	c. CITY OR TOWN If outside corporate limits,	3					
3	STITUTION WIND NOT KIND WEST TO	Tarlollo	township)					
c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (In Tural, give location)						
3.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE Un years If on last birthday) Mont	hs Days Hours Min.					
10 work	A. USUAL OCCUPATION (Give kind of damed during most of wurking life, even if retired)	Y	2. CITIZEN OF WHAT COUNTRY?					
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	David Feniasohn	Eva Shabiro						
15 (Yes	. WAS DECEASED EVER IN U, S. ARMED FOR ES7 , no or uokoowo) (If yes, give war nr dates of service) SECURITY NO.		DRESS					
1	No None	OF DEATH	INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY	OF BEATH	ONSET AND DEATH					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ONARY Metastases	- 1 MONTH					
	injury or complication which caused dcath.) DUE TO		(ores)					
z	ANTECEDENT CAUSES (B) CARCINOMA of thy Roid							
FICATION		with metastases to Left hunera	5)					
ICA		eah and 3 humbar VERtebra	1-1 YEAR					
ERTIF	II OTHER SIGNIFICANT CONDITIONS CON-							
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
7	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE JULY 1949 CARCIN OM A OF T	RATION	20. AUTOPSY?					
EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (If in Baltimore City, giv	e exact location)					
ME	CAUSE OF DEATH							
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF							
	m. WORK AT WORK							
	deceased alive on the 16, 1957, and that death occur	arred at 3 Pm., from the cluses and on the						
			uly 16, 1950					
24 TIO	A. BURIAL, CREMA- 24B, DATE 24d, NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or						
	Burial 7/16/50 Hebre	w Cemetery Nor folk,	Va.					
	ATE RECEIVED BY CAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS					
	JUL 1 1950 minuster / killians Ma	Nm. J. Inckner of sous	, , , , , , , , , , , , , , , , , , , ,					
		Balto. Ma	1. 25 C					

62 11 30 Mas it Cancer of cartilace gland of thyroid? "Concer of gland of Thyroid" Del Document File 50 - 6226 8-24-50 The second of the second secon

4	50			3500					
1	-0	COOM	BAI	TIMORE CITY HE	ALTH DEPARTMENT		50 6	200	,
	50	6227		CERTIFICATI	E OF DEATH	Registered	No.	227	
	NAME OF	DECEASED				2. DATE			
	ype or Print)		V TASSA	HNI		OF	ly 16th	700	50
3.	PLACE OF	DEATH:	V. Littour	1114	4. USUAL RESIDENCE	Where deceased lived,	If institution	: reside	nce
	FULL NAME	City, Maryland	ital or institut	ion, give street address or	A. STATE	B. COUNTY	bei	ore adm	ission)
H	OSPITAL OR	. 01 (11 1100 11 1100)	100.01 111501000	location)		f outside corporate lin	nits, write RI		
6		3814 Echod	ale Ave.		Raltimore	2-	7-04	- 4"	vnship)
CIR				Yrs.	D. STREET ADDRESS (If	rural, give location)			
		stay in Baltimore	life	- 47 5	381/ Echodale	Ave.			
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months; Days		24 Hours Min.
	female	white	marr	ried	July 27, 1894	55			
worl	A. USUAL O	CCUPATION (Give kind of tof worklog life, even if retired	IOB. KIND	O OF BUSINESS OR INDUSTRY.	11. BIRTHPLACE (State or f	oreign country)	12. CITI	T COU	
-	housewif		own h	nome	Balto., Md.		USA		
13	. FATHER'S				14. MOTHER'S MAIDEN NAME				
	Louis (. Lassahn			Emma Bradley				
(Ye	o, WAS DECEAS	SED EVER IN U. S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	no				Mr. Louis C. Las	sah. 3814 E.	chodale	Ave	
	18. 420. 1 CAUSE OF DEATH						ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
	(This do	es not mean the mode lure, asthenia, etc. It m	of dying, e.	g., (A)	Coronary occlu	sion		2 Mos	
		r complication which		n.) DUE TO	Coronary scler	osis		?	
		ANTECEDENT CAL	SES						
ERTIFICATION	DISEASI	ES OR CONDITIONS.	IF ANY GIVE	(B)	•••••••••••••••••				
E	RISE TO	THE ABOVE CAUSE (A) STATING T						
C									
TIF		H		_(C)				***********	
R		SIGNIFICANT CON					1 (1)		
Ü	TO THE	DISEASE OR CONDITIO	N CAUSING		AZION		1.00	AUTOF	
AL.	ISA. DATE	OF OPERATION	198, MAJOR	FINDINGS OF OPER	ATTON		YES		NO
EDICAL		DENT. SUICIDE.		ACE OF INJURY (e.g., in		If in Baltimore City			
	HOMICIDE	(Specify)	about home,	farm, factory, street, office bidg.,	tc.) INJURY OCCUR?				
Σ		(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
	INJURY		m.	WHILE AT NOT WHILE					
	22 1 hour	has contifue that I			27 10 50to T	11 16 10	50 that I	last on	ran tha
	deceased a	alive on 7-15	19.50	and that death occur	27 , 19 50to J red at 8 P.m., from t	he causes and on	the date	tated	above
		ATURE 1	100		38. ADDRESS	outroo with on	23c. D.		

1613 E.North Ave. 7-17-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county)

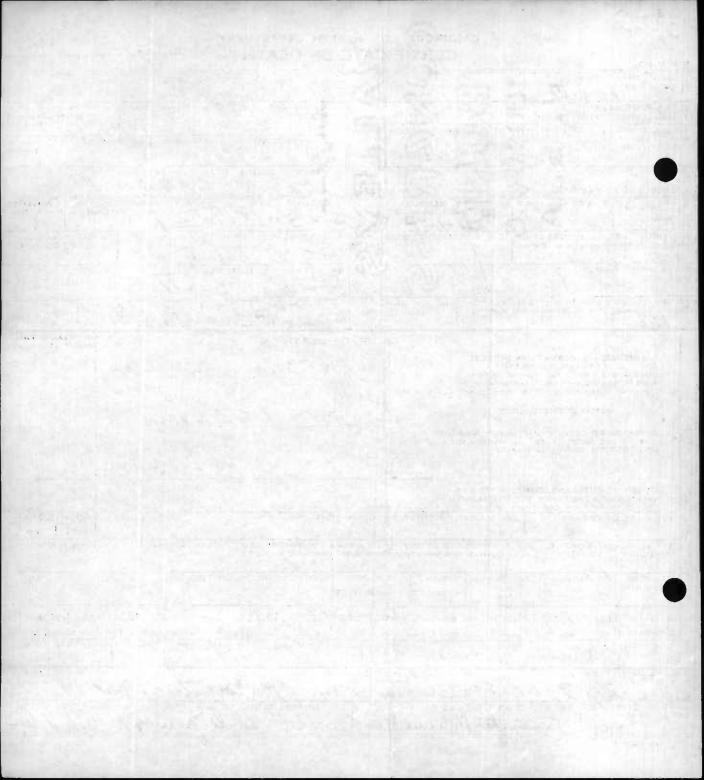
Cemetery Balto

burial
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LOCAL REGISTRAR
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ADDRESS

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300 50 6228		ALTH DEPARTMENT	5 Registered No.	0 6228	
BIRTH NO. Harriette	CERTIFICATE	OF DEATH	Acgistered No.		
1. NAME OF DECEASED (Type or Print) Havuelle HAT	TIE SC	-077	2. DATE OF DEATH	13-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W)	nere deceased lived. If inst B. COUNTY	itution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution) NOTE: Representation NOTE: Representation of the second of t	location)	c, CITY OR TOWN, (If o	outside corpor de imits de	rite RURAL and give township)	
c. Length of stay in Baltimore	Yrs. Mos. Days	J / S / (If re	GREEN	57.	
5. SEX 6. COLOR OR RACE 7. SINGLE WIDOV	E, MARRIED, NED, DIVORCED (Specify)	8. DATE OF BIRTH 5 - 3 - 1889	last birthday) Months	Days Hours Min.	
10A USUAL OCCUPATION (Givekindor 10B. KINI ork tigre doring most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nuknown) (If yes, giva war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Bessie Fulshs	n Lewis 315	n. Breene	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT	g., (A) se, h.) DUE TO NG HE DUE TO	KEBRAL A	,	ONSET AND DEATH	
TO THE DISEASE OR CONDITION CAUSING		ATION		20. AUTOPSY?	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., In or 21C. WHERE DID (If in Baltimore City, give exact location)					
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased alive on 1973, 1970.	and that death becurr	red at 5 Pm., from the	e causes and on the c		
24A. BURIAL (CREMA- 24B. DATE TION, REMOVAL (Specify) 7-/7-50	240 NAME OF CEMETER	In . PR Day	CATION (City, town, or		
DATE RECEIVED BY REGISTRAR'S SIGNATURE OF THE PROPERTY OF THE	0,	25. FUNERAL DIRECTOR		Pentral are	
VS 150	7).	2 8 A 8	U	83a	



415 PRICE 239	BALTIMORE CITY HE CERTIFICATE		Registered	50 6229 No.
1. NAME OF DECEASED (Type or Print)	Clippinger		2. DATE OF DEATH	15-50
	miveysity Haysityl al or institution, give street address or	4. USUAL RESIDENCE (A. STATE Md.	B. COUNTY	f institution : residence before admission)
HOSPITAL OR UNIVERSITY	Hosp, Yal location)	Fowbblesburg,	f outside corporate limi	ts, write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location)	5300
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 2, 1905		if Under 1 Year onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own	10B. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (State or Ohio	foreign country)	12. CITIZEN OF WHAT COUNTRY
Clarence Clippinge	r	Cora Betz	NAME	
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	Mrs. Jessie E.		Upperco P.O,Mo
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It meaningury or complication which of the complex of the	DIRECTLY TH of dying, e.g., ms the disease, caused death.) DUE TO MUL- SES (B) FANY, GIVING STATING THE DUE TO	a Pulmonary aple tractures	Hemory hage	INTERVAL BETWEEN ONSET AND DEATH
<	(C)		*************************	

CERTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 20. AUTOPSYT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL (If in Baltimore City, give exact location) 21c. WHERE DID

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office hidg., etc.) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-INJURY OCCUR? UTING | CAUSE OF DEATH. O(Dae Hanover 21D. TIME (Month) (Day) (Year) (Hour) 21E! INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT driving WORK Autopsy, Inspection or Inquiry 22. I certify that I took charge of the remains described above, held an thereon and from and death in my opinion resulted from: natural eauses [, accident], suicide [, homicide [, undetermined [... 23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER 23A. SIGNATURE

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, ASSISTANT MEDICAL EXAMINER...
MEDICAL INVESTIGATOR 7-16-50 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

ADDRESS DATE RECEIVED BY

Meadow Ridge

19/50

Burial

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Howard Co.,

Jersie Sp The talk of the second second der. dentification cathorine and

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	OUTO	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Body 50 6230

Registered No.

BI	RTH NO. 5	0-14	749		CLITTI TOATI	- OI DEATH			
	NAME OF DECEASED Type or Print)						2. DATE OF	7 7	30.00
	Type of Print) BABY GIRL BLANN				IRL BLANN		DEATH	uly 14,	
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or			4. USUAL RESIDENCE ()	Where deceased lived, I B. COUNTY		residence re admission)			
10	FULL NAME		139 430		location)		f outside corporate lim	its, write RU	RAL nnd give
NSTITUTION Lutheran Hosp. of Md.			Baltimore	27-1	7	township)			
H					Yrs.	D. STREET ADDRESS (If	rural, give location)		
c.	Length of s	tav in	Baltimore		Mos. Days	3222 Ingleside	Ave.		
	SEX		OR OR RACE		E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under I Year Ionths: Days	II Under 24 Hours
F WIDOWED, DIVORCED (Specify)		July 13, 1950	last birthday)	1	ALOUIS MIN.				
	A. USUAL OC		ON (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZI	EN OF COUNTRY?
		ne	,			Maryland			
13	. FATHER'S	VAME				14. MOTHER'S MAIDEN N	AME	7 5 1	4-33-4-1
	Harold					Elizabeth Harris	son	- /	
15 Ye	. WAS DECEASI	ED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	-				3233, 143.	Mr. Harold L. Bl	lann - 3222	Inglesia	le Ave.
	18. 7 /	2. 1			CAUSE	OF DEATH		INTERV	AL BETWEEN
	DISEAS	SE OR	CONDITION	DIRECTLY	1 1	- ' 0 40		ONSE)
	(This does	LEADI s not me	an the mode of	TH of dying, e.	g., (A)	Elilon			Lun
(This does not mean the mode of dying, e.g., (A)							()		
		45.63			0				
-		ANTEC	EDENT CAUS	ES	(B)	milion In			
DISEASES OR CONDITIONS, IF ANY, GIVING									
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
2					(C)				
	OTHER	SIGNIE	CANT CONDI	TIONS CO	Nr.				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
	19A. DATE C				FINDINGS OF OPER	ATION		20.	AUTOPSY7
AL		Va	~		1 ma			YES	NO
25	21A. ACCIDI				ACE OF INJURY (e. g., i		If in Baltimore City,	, give exact l	location)
L	HOMICIDE	(Spec	niy)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
Ξ		(Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	INJURY			m	WHILE AT NOT WHILE				
	22 7 1 20 21		for that Y att	and ad al-	deceased from 1	12 .150, 10	7/14 10	S Othat 11	ast saw the
	deceased a		TI I M		and that death occur	1 1 (10	the causes and on		
	23A. SIGNA		1/1/7	, 10.0.,	1) . 2	3B ADDRESS	1 24 1	23c. DA	TE SIGNED
			Non	- J	erm M.D.	to III . At	p 1 /1d		15)50
2	4A. BURIAL,	CREMA-	24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	CATION (City, tow	n, or county)	(State)
11	on REMOVAL (S Buri	al	7/17/5	0	Loudon Park	Cem. Bal	to. Md.		
	ATE RECEIVE		REGISTRAR'	S SIGNATI	URE	25, FUNERAL DIRECTOR	1//	ADDRES	S
L	OCAL REGIST	OFO	Thurst	water	Williams M. M.	Im. Dick	ner I saro	Que	10,
-	VELEC	300	- Committee	6		1		/	WIA.
	VS 150			~402 H	attribution			159	
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BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) July 14, 1950 GEORGE LATROBE EWALT DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City. Maryland Md. B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2945 St. Paul St. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2945 St. Paul St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) male white married Apr. 24, 1875 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired)

Physician INDUSTRY WHAT COUNTRY? medical 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Ewalt Mary Josephine Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. Geo. L. Ewalt. Jr. no INTERVAL BETWEEN CAUSE OF DEATH 18. DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO artirioschrosi (Generaligit) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 EDICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR7 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHITE AT WORK 22. I hereby certify that I attended the deceased from breach 15, 1948, to July 14, 1950, that I last saw the deceased alive on July 13, 1950, and that death occurred at 5 40 Am., from the causes and on the date stated above. 1950, that I last saw the 234. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Ciff, town, or equnty)

Druid Ridge Cem.

25. FUNERAL DIRECTOR

VS 150

Burial

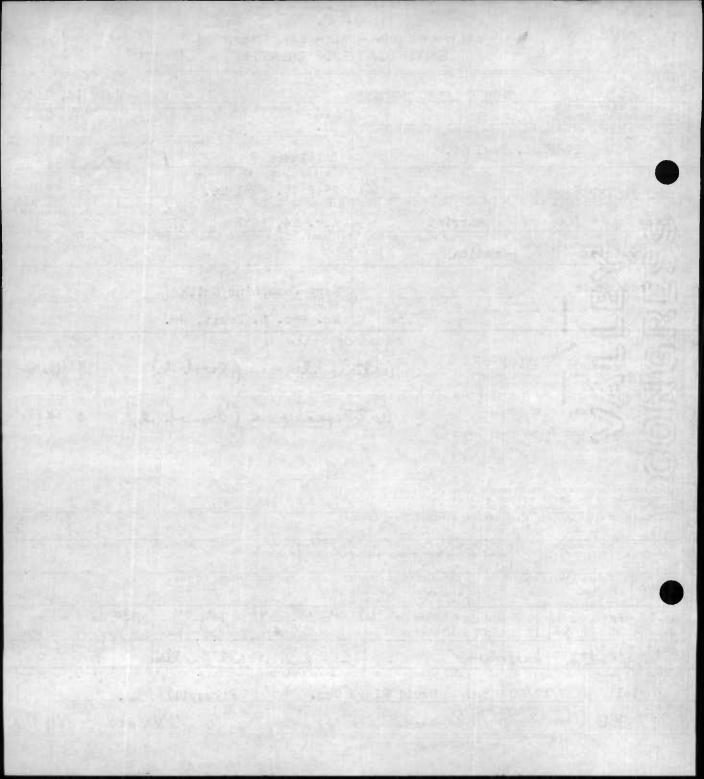
DATE RECEIVED BY

7/17/50

REGISTRAR'S SIGNATURE

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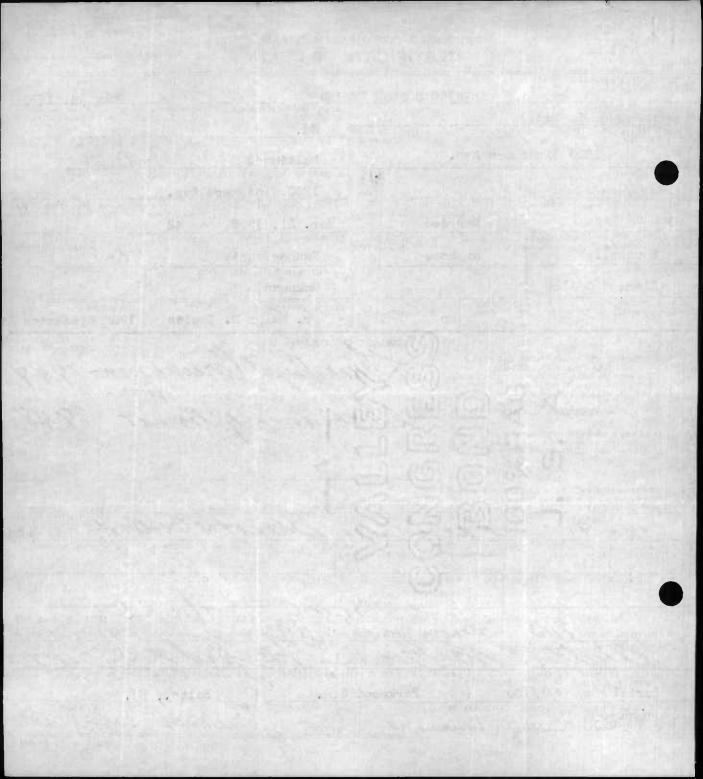
A.DDRESS



VS 150

5U 6232	CERTIFICAT	F OF DEATH Registered No.
BIRTH NO.	CERTIFICAT	E OF DEATH
I. NAME OF DECEASED (Type or Print)		2. DATE OF
3. PLACE OF DEATH:	BERNICE COLLOM ZW	EIER DEATH July 14, 1950
A. Baltimore City, Maryland	al or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission Md.
HOSPITAL OR	location)	C. CITY OR TOWN (If outside corporate limits, write RUKAL and give
1203 Winder	nere Ave.	Baltimore 9-03 township
	Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	Mos. Days	1203 Windemere Ave.
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years # Under I Year H Under 24 Hours Months; Days Hours: Min.
FW	WIDOWED, DIVORCED (Specify) Married	Mar. 21, 1908 42
TOA. USUAL OCCUPATION (Givekinder	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of working life, even if retired) Housewife	at home INDUSTRY	Pennsylvania WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Clement Collom		Unknown
15. WAS DECEASED EVER IN U.S. ARMER Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give war or date	no SECURITY NO.	Mr. Ralph D. Zweier 1203 Windemere
injury or complication which of ANTECEDENT CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	SES IF ANY, GIVING STATING THE DUE TO	Ecusma of breast 1948
OTHER SIGNIFICANT COND		
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION		
1 19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	1860-1-11/11/11/11/11/11/11/11
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. s., i about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID IIf in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year))(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY	WHILE AT NOT WHILE	
	m. WORK AT WORK	611 5 7/11 30
deceased alive on		rred at III, no, from the causes and on the date stated above
23A. SIGNATURE	· SayEyes	38. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	50 Parkwood	
DATE RECEIVED BY REGISTRAR	'S SIGNATURE	25 FUNERAL DIRECTOR

was the state of the same of the



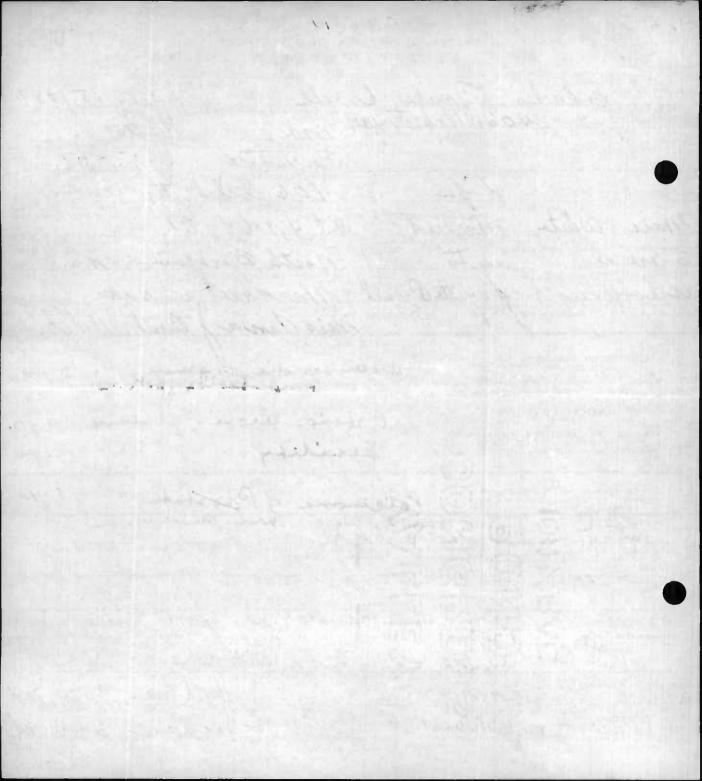
BALTIMORE CITY HEALTH DEPARTMENT

50 6233

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	l No
1. NAME OF	DECEASED				12. DATE	
(Type or Print) MARY EMMA PERVEIL				OF _	ly 15, 1950	
3. PLACE OF	DEATH:				E (Where deceased lived.	
	City, Maryland	-1 / 414 41		A. STATE	B. COUNTY	before admission)
B. FULL NAME HOSPITAL OR			on, give street address or the Metrich		(If outside cornerate liv	mits, write RURAL and give
INSTITUTION	2211 W. Roge	_			(11 outside corporate in	township)
70	cell we woke	olo we	Yrs.	Baltimore	(If rural, give location)	Total Control
			"Mos.			
	stay in Baltimore	T CINCIP	Days	2211 W. Rog		4 16-4- 1 N 1 10 69-4 - 04 10
5. SEX	O. COLOR OR RACE		E. MARRIED. PED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
F.	W.	Single		Jan. 6, 185		
10A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
never w			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Maryland		WITH COOKING
13. FATHER'S	NAME			14. MOTHER'S MAIDE	N NAME	
William	Henry Pervei	1		Elizabeth H	amall	
15. WAS DECEAS	ED EVER IN II S ARMET	FORCES?	16. SOCIAL	17. INFORMANT	alleri	
(Yes, no or unknown	(If yee, give war or date	s of service)	SECURITY NO.		D 71 1 003	ADDRESS
-			-	Miss Mamie	B. Fisher 221	1 W. Rogers Ave
18. 4	vv.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION			, , , /	1 11	
(This doe	LEADING TO DEA'		Myou	andral de	sufficience	y J doys
heart fail	ure, asthenia, etc. It mea	ns the diseas	e,			
111,011,0				1		
_	ANTECEDENT CAUS	SES	feel	enosale	roses /	20411.
DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
Ö						
<u>E</u>	11		(C)			
	SIGNIFICANT COND	ITIONS CON	٧.			
	IG TO THE DEATH, BUT DISEASE OR CONDITION					
			FINDINGS OF OPER	ATION		20. AUTOPSY?
A						YES NO
21A. ACCID HOMICIDE	ENT. SUICIDE.		CE OF INJURY (e. g., in		(If in Baltimore City	, give exact location)
HOMICIDE	(Specify)	about home,;	arm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
ZID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID IN	JURY OCCUR?	
INJURY			WHILE AT NOT WHILE			
		m.	WORK AT WORK	2	- 1 .15	
			deceased from Co			50, that I last saw the
deceased of	alive on July 15	, 1950	and that death occur	red at 7. 15Pm., fr	om the duses and on	the date stated above.
23A. SIGNA	TORE //	0	2	3B. ADDRESS	101	23c. DATE SIGNED
1	Money ?	Jane	M. D.	X00W33	14 21	7-16-50
24A. BURIAL, TION, REMOVAL (CREMA- 24B. DATE		24c. NAME of CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, tov	wn, or county) (State)
Burial	7/18/	50	Mt. Wesley M.I	3. Ch. Cem	Davidsonville	e. Md.
DATE RECEIVE	ED BY REGISTRAR			25 FUNERAL DIRECT		ADDRESS
LOCAL REGIS	ERAR Thurtie	afor /w	Windle, Mills	Ellem, VI	whener To	Cars (Ralli).
101 1 13	30	6		11111		MAI
VS 150	San San Carlotte	一大学	Secretarian de la company de l	. 13	7 }	920 14
		11 11 11 11 11 11				121

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BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Charles Banks O	rell 2. DATE 15,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland 46 6 Mediation B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased liver if institution: residence A STATE B. COUNT before admission
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv.
Yrs.	D. STREET ADDRESS (Igrural, give ideation)
c. Length of stay in Baltimore Mos. Days	406 00 1 to Cun
Male White Married (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of or business or industry) Output Output	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or data of service) SECURITY NO.	17. INFORMANT ADDRESS 406
18. U.CA. I 177 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	amputation of both legs
ANTECEDENT CAUSES	Levosaluosis generalizar 10 mm
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	4.11.10
(c)	70.70
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	ona of Prostate 1 yr
194. DATE OF OBERATION AT 198. MAJOR FUNDINGS OF OPER	RATION - Aldrico salusting angles 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	in of 21c. WHERE DID (If in Baltimore City, give exact location)
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
deceased alive on 22. I hereby certify that I attended the deceased from deceased alive on 2, 1900, and that death occur	rred at 18 7, m., from the causes and on the date stated above
	238. ADDRESS 6 210 For Road 23C. DATE SIGNED 17 70
24A. BURIAL. CREMA- TION, REMOVAL (Specify) July 19-1950 Balto-	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS WIN Suche & Benen MA
VS 150	513



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7		62	25

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6235

BI	RTH 6235	5		CERTI	FICATI	E OF DEATH	4	Regist	tered No.		
	NAME OF D	RUB RUB	1 10	LIA	WEE	45		2. DATE OF DEATH	JULY	16,195	٥
A.		City, Maryland OF (If not in hos	nutal ar institut			4. USUAL RESIDE	NCE (Whe	re deceased . B. COU	lived, If ins	titution: reside before adn	
HC	SPITAL OR STITUTION		YONE	AVE	location)	C. CITY OR TOWN	(lf ou	tside corpora	ate limits, v	vrite RURAL a	ind give wnship)
c.	Length of s	stay in Baltimore		5 YRS.	Yrs. Mos. Days	3201 B	AYON	al, give loca	tion)		
5.	SEX	6. COLOR OR RAC	WIDOV	E, MARRIED VED, DIVOR	O. CED (Specify)	MAYIG 10	311	last birtho	lay) Month	ler I Year It Under	Min.
		CUPATION (Give kind of working life, even if retir	of 108. KINE	OF BUSIN	NESS OR INDUSTRY	11. BIRTHPLACE (St	tate or forei	gn country)	12	WHAT COU	
13	FATHER'S	NAME				14. MOTHER'S MAI	DEN NAM	E		9.3.	
	C	RLES D.	MEE	KS		K05AL	LIE	TA	YLOR.		
15 Yes	, was deceas , no or unknown)	ED EVER IN U.S. ARI (If yes, give war or d	MED FORCES? ates of service)	16. SOCIA	AL IRITY NO.	17. INFORMANT MRS. ANN	PROT	RSOS		RESS	E
	18. /	71X			CAUSE	OF DEATH				INTERVAL BE	DEATH
	(This does	SE OR CONDITIO LEADING TO DI s not mean the mod ure, asthenia, etc. It r complication which	EATH e of dying, e. neans the diseas	se,	Gene	ralized la	rcino	mate	ris	(kion	H.
200		ANTECEDENT CA	, IF ANY, GIVI		Ca	of cera	1' *	*************************	••••	3 year	, '
2		YING CONDITION									
-		11		(C)							
CER	TRIBUTIN	SIGNIFICANT CON G TO THE DEATH, B DISEASE OR CONDIT	UT NOT RELAT	LD							
ادِ	19A. DATE O	OF OPERATION	19B. MAJOR	FINDINGS	S OF OPER	RATION				YES T	NO P
EDICA	21A. ACCIDI HOMICIDE	ENT. SUICIDE.	21B. PL. about home,	ACE OF INJ	JURY (e. g., i	o or 21c. WHERE DI		n Baltimore	e City, glv	e exact locatio	
Σ		(Month) (Day) (Ye	ar) (Hour)	21E. INJUR	Y OCCURR	ED 21F. HOW DID	INJURY C	OCCUR?			
L	INJURY		m.	WHILE AT	NOT WHILE		-				
	22. I hereb	by certify that I	attended the	deceased	110110		11	7		that I last s	
ľ	23A, SIGNA		lee	t and coult		3921 E	ond	40 G		23c. DATE S	
24	BURIAL	CREMA- 248. DATE Specify)	9,1950	PINE	OF CEMETE	RY OR CREMATORY	Roca	KY M	y, town, or	eounty)/	(State)
D.	ATE RECEIVE	TRAR	R'S SIGNATI	URE	/ R	25. FUNERAL DIRE	, C	ions C	A	OS YOR	K RD
7	01-10	- mun	ALED IN								

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DR HW. SCHEVE 3921 EDMONDSON 525 NORMANDY

BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 6236

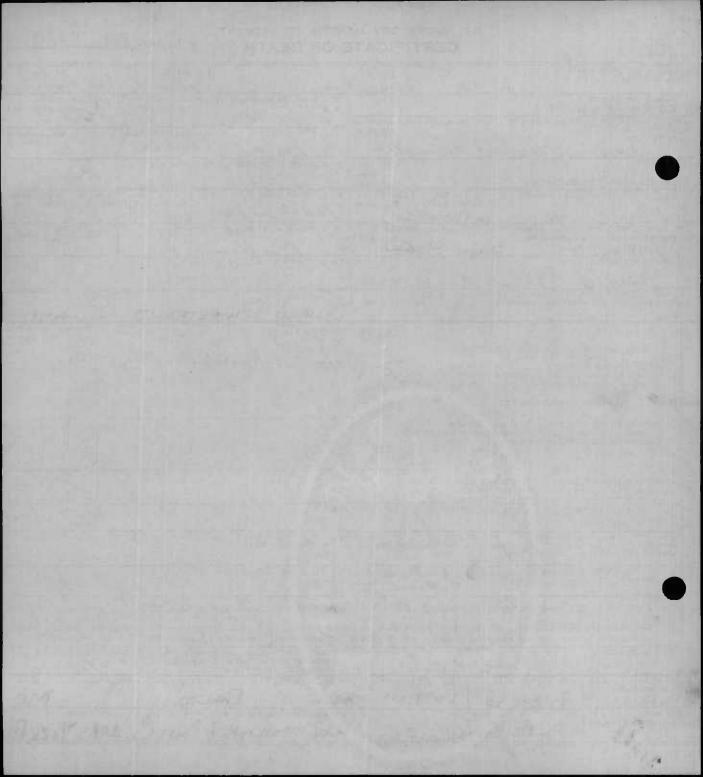
BIRTH NO.	E OF BEATTI	
1. NAME OF DECEASED (Type or Print) Lsabella Shoes		
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution : reside A. STATE B. COUNTY herere adm	nce nission)
B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL a	ind give wnship)
Driva Meronial Hospital	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore	5116 Craic Ave	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		r 24 Hours S Min.
10A. USUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OR rork dooed uring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
HOUSEWIFE OWN HOME	England S	
13. FATHER'S NAME	14. MOTHER'S WAIDEN NAME	
Donald Than Frager		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yos, no or unknowo) (If yos, give war or dutes of service) SECURITY NO.	17. INFORMANT ADDRESS	
No	1)ONALO JCHOESTRAND >AM	-
7757	OF DEATH Lensing - Artenings/Contis C. Udisase	DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
[C)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		************
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		-
21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g., primary or CONTRIBUTING about bone, farm, factory, street, office bldg., cause of DEATH.	in or 21C. WHERE DID (If in Baltimore City, give exact location	no L
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT WORK AT WORK		
	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated as [], accident [], suicide [], homicide [], undetermined []	above
23A. SIGNATURE Julian de M	238. CHIEF MEDICAL EXAMINER	0
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		State)
BURIAL 7-18-1950 LOUDON P	ARK BALTO.	10.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	0

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50 6237 BALTIMORE CITY HEALTH DEPARTMENT

ristered No. 50 6237

В	RTH NO.	0-12796		CERTIFICATI	E OF DEATH	Registered 1	No.	STACE
1.	NAME OF D	ECEASED	Dabas Ca			2. DATE OF Tune	01	2050
	PLACE OF D		Baby Gi	rr rove	4. USUAL RESIDENCE (W	DEATH OUT	e 24, :	
A.	Baltimore (City, Maryland			A. STATE	B. COUNTY		ore admission)
H	FULL NAME			ion, give street address or location)	Maryland	outside corporate limit	ts. write RI	IRAL and give
IN	STITUTION	he Johns Hopk	ins Hos	pital		re (Cherry		township)
-				Yrs.	p. STREET ADDRESS (If I		1 - 1 de to	
c.	Length of s	stay in Baltimore		Mos. Days	300 Sea	amon Avenue		
	SEX	6. COLOR OR RACE		MARRIED,	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	ff Under 1 Year onths: Days	Hours: Min.
	Female	Negro	Sing		June 24, 1950			1
	k done during most	CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZ	ZEN OF T COUNTRY
13	INI:				Baltimore, Ma			
		Nathaniel I	OTO		Myrtle Ed			
		ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		DDRESS	
(Ye	s, no or unknown)	(If yes, give war or date	os of service)	SECURITY NO.	Hospital		DDKLSS	
	18. 7.7	- 7 1		CAUSE	OF DEATH		INTER	VAL BETWEEN
	/	SE OR CONDITION	DIRECTLY	^			ONSET	T AND DEATH
		LEADING TO DEA	TH	a an	uliu			
	heart fail	ure, asthenia, etc. It me complication which	ans the diseas	e,	∀			
		ANTECEDENT CAU	SES	0	. + 1			
Z				(B) Comp	elete destruction	in land	-	
ATION	RISE TO	S OR CONDITIONS,	STATING TH	HE DUE TO TING	ue due to O	"alizeystic		
FICA	UNDERL	YING CONDITION L	AST.	Kan	y	00		
		H		(C)		••••••••••••••••••••••••••		
ERT		SIGNIFICANT COND G TO THE DEATH, BUT						
U		OF OPERATION		FINDINGS OF OPER	ATION		120.	AUTOPSY?
AL	10/11/2/11/2	V					YES	
DICA	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e.g., i		f in Baltimore City,	give exact	location)
ME	TIOMICIDE	(DPCCM)	120001 20210,1		THE CALL COSCIAL			
-	21D. TIME INJURY	(Month) (Day) (Year		21E, INJURY OCCURR		occur?		
1			m.	WHILE AT NOT WHILE AT WORK				
	22. I herel	by certify that I at	tended the	deceased from Ju	ne 24, , 1950, to Jur	ie 24, , 19 1	59that I	last saw the
	the state of the s		1950		red at 12:10Pm., from th	re causes and on t		
	23A. SIGNA	TURE 5	7		3B. ADDRESS	70.75	1 0 00	8-50
2	4A. BURIAL,	CREMA- 24B. DATE	rawe	24C. NAME OF CEMETE	601 N. Broady	OCATION (City, town		y _ y y
TI	ON, REMOVAL	Specify)		44 40	De listist	19.C=1) Ch.d.	9	firehalf
D	ATE RECEIVE	D BY REGISTRAR	SSIGNAT	IPFI	28. FUNERAL DIRECTOR	0	ADDRES	S
-	OCAL REGIST	1950 Hunt	ington !	Villians, Matt				
	VS 150	The state of		Mac Marines and desiration.			15 -	
		7	- 0 - 17	6 G 3 h	3 6		127	H
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	THE RESERVE	Water Charles	The same of the	
Service States Silk				
			The state of	
				S.L.Vanille L. vanille
	The state of the			

50 6238

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 6238

BIRTH NO. 5	0-13355		CERTIFICAT	E OF DEATH		
1. NAME OF I	DECEASED	D-1 - D		/*	2. DATE	
		Baby Bo	y Genter	(Leidalia)	DEATH July	
3. PLACE OF I	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution : residence before admission)
B. FULL NAME	OF (If not in hospita	al or institution		Pennsyl	wania /_	35
HOSPITAL OR INSTITUTION			location	c. CITY OR TOWN (I	f outside corporate limi	ts, write RURAL and give
2.2	The Johns Ho	opkins l	lospital	Sarat	oga SeRA	MION township
			Yrs.	D. STREET ADDRESS (1)	rural, give location)	
	stay in Baltimore		Mos. Days	1012	Clay Street	
5. SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday) Me	If Under 1 Year If Under 24 Hours onths: Days Hours: Min.
Male	White	singl		July 1, 1950		30
IOA. USUAL OF	CCUPATION (Give kind of	10B. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Infant	-		Baltimore, Ma	ryland	WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N		
	James A. (Genter		Leidalia	Jimenez Cald	deron
15. WAS DECEAS	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
Yes, no or unknown	(11 yes, give wer or date)	or service)	SECURITY NO.	Hospi	tal Records	
18. 7	TLV		CAUSE	OF DEATH		INTERVAL BETWEEN
1	ASE OR CONDITION	DIRECTLY		7 -		ONSET AND DEATH
	LEADING TO DEA	TH		remal	under	30
heart fail	lure, asthenia, etc. It mea	ns the disease				- d- d-d-d-d-d-o
injury of	r complication which c	aused death.) DUE TO		0	
7	ANTECEDENT CAUS	ES				
	ES OR CONDITIONS, I			***************************************	· · · · · · · · · · · · · · · · · · ·	***************************************
	THE ABOVE CAUSE (A)		E OUE TO			
<u>u</u>						
	- 11		(C)		***************************************	
	SIGNIFICANT CONDI					
U TO THE	DISEASE OR CONDITION	CAUSING 17		DATION		Lao AllTorova
	OF OPERATION 2	98. MAJOR	FINDINGS OF OPE	RATION		YES NO
21A. ACCID HOMICIDE	ENT. SUICIDE,	218. PLA	CE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore City,	
HOMICIDE			rm, factory, atreet, office bldg.			
Σ	(Month) (Day) (Year)	(Hour) 12	1E. INJURY OCCUR	RED 21F. HOW DID INJUR	Y OCCUR?	
INJURY			HILE AT NOT WHILE			
		m.	WORK AT WORK			4 -
	by certify that I att	cnded the	deceased from Ju	ly 1, , 1950, tolu	Ly 1, 19.5	Q that I last saw the
deceased		1, 19.50, 0		erred at 12:30Pm., from	the causes and on t	
234 SION	ATURE (1 9)	1.		601 N. Boradwa		23c. DATE SIGNED
24K, BURIAL,	CREMA- 24B. DATE	12	AC NAME OF CEMET		V LOCATION (City, town	July 5, 1950 (State)
TION, REMOVAL	(Specify)		59	1:1 0.5	. 0	
DATE BECEIV	ED BY DECISED S	S SICNATIV	4120155	1 25. FUNERAL DIRECTOR	trosar	ADDRESS
LOCAL REGIS		tu der	Williams M. H.	23. FUNERAL DIRECTOR		ADDITEGS
111 1/1	950		,			
VS 150	1 Section	1. 10 miles	compile to the	p. 186		159
			20	6-6-2 3-7-		12/

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BALTIMORE CITY HEALTH DEPARTMENT

50 6239

Q,	RTH 6239	9	CERTIFICAT	E OF DEATH	Registered No.	378070
1. (T:	NAME OF D		RCZAYA or	CZAJA	2. DATE JULY	15-1950
A.		EATH: City, Maryland	5 N. KENWOOD ANE	4. USUAL RESIDENCE (V		titution: residence before admission)
HC	SPITAL OR STITUTION	Ho/	al or institution, give street address of location)	C. CITY OR TOWN (If	outside corporate limits, v	write RURAL and give township)
c.	Length of s	tay in Baltimore	46 YRS Mos.	D. STREET ADDRESS (If	rural, give location)	VE
5.	SEX WALE	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify,	8. DATE OF BIRTH JAN-10-1897	9. AGE (In years II Und last birthday) Month	der I Year H Under 24 Hours hs Days Hours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country) 12	2. CITIZEN OF WHAT COUNTRY?
13	AROL	~ - 1	JA	14. MOTHER'S MAIDEN N.	AME STEFA	N
15 (Yes	, no or unknown)	D EVER IN U, S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Man Parma C	enala 520	RESS are
7	(This does	SE OR CONDITION LEADING TO DEA not mean the mode or, asthenia, etc. It mea complication which of the complication which of the complex of the	DIRECTLY TH of dying, e.g., uns the disease, caused death.) DUE TO	morary Ent	Colinno.	I ham 3 wh s-
FICATIO	RISE TO T	S OR CONDITIONS, HE ABOVE CAUSE (A)	STATING THE DUE TO	Comming-look	wilre	7 mm .
CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATEO			
AL	19A. DATE C	Lone 1	98 MAJOR FINDINGS OF OPER	RATION		YES NO
MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF INJURY (e. g., about home, farm, fectory, street, office bldg.,		If in Baltimore City, give	exact location)
Ź	INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		Y OCCUR?	
	22. I hereb deceased a 23A. SIGNA	live on 7-15	tended the deceased from and that death occu	7- 14-, 1950, to rred at 3 A.m., from t	he causes and on the	that I last saw the date stated above. 23c. DATE SIGNED
24	A. BURIAL,	Marni		715-11.Ch		7-15-50
1	3 URIAL TE RECEIVE	130271	8-1950 HOLY ROS	ARY BALT	iMORE CO, M	C.
	CAL REGIST	RAR	1 - 16/11	Leage A 1	Weber 705 &	ann st
- 5	Uks 156	950	The state of the s	444		130

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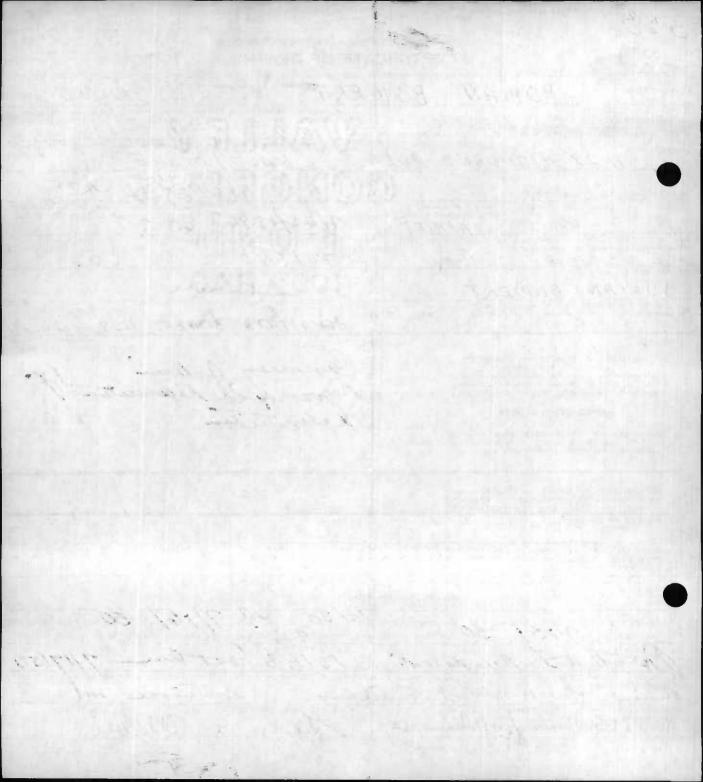
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BALTIMORE CITY HEALTH DEPARTMENT

5	0	6	2	0

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered 1	No
	BOME	RT	2. DATE OF DEATH	16/50
3. PLACE OF DEATH: A. Baltimore City, Maryland HOY	NE	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION // 28 H/GHLA/	location)	C. CITY OR TOWN (If		s, write RURAL and give township
1/20 /1/6/14/1	YU AVZ Yrs. Mos.	D. STREET ADDRESS (If		2115
c. Length of stay in Baltimore 5. SEX [6. COLOR OR RACE 7. SING	Days LE, MARRIED,	// 28 // / G 8. DATE OF BIRTH		RUE I Under I Year If Under 24 Hours
m wide	WED, DIVORCED (Specify)	7/25/1886?	last birthday) Mo	Onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	0.5.
JULIAN BOMERT		mkro	wn.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT HENRIETTA B	OMERT 11.	DDRESS
LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the discending or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVER TO THE ABOVE CAUSE (A) STATING OUNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELABILITY OF THE DEATH OF	ING THE DUE TO (C)	hyrrordiel holmetre Ter	Kegenera	an-1/2.
TO THE DISEASE OR CONDITION CAUSING	ІТ	ATION		
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e	n or 21c. WHERE DID (I otc.) INJURY OCCUR?	f in Baltimore City,	give exact location)
1 1 Street : Lun	Course M. o.	730 , 19 9, to red at 4 p, m., from the 138. ADDRESS 6	he causes and on t.	Ahat I last saw the he date stated above
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) July 19-1950	St Stanislo		CLINICE LOWN	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	11 .	25. FUNERAL DIRECTOR	Wel	ADDRESS
VS 150	Live in Control of the			005

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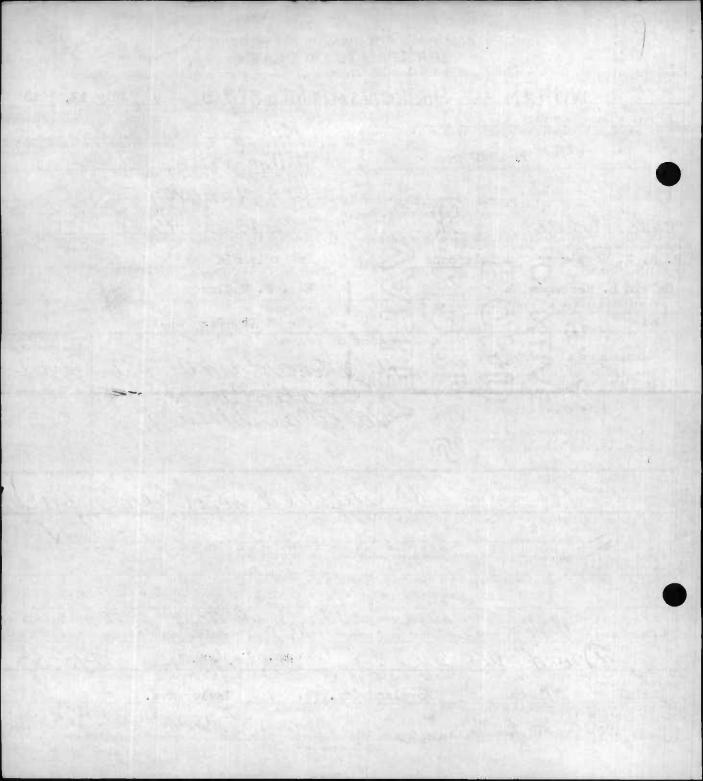


7	-52	
0	6241	
BIRTH	I NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6241 Registered No.

	RIH NO.					-			
	NAME OF DE	WILLIAM M	1 G.	Hockensi	Mith. 53	0015	DATE OF DEATH	July :	14, 1950
	PLACE OF DE Baltimore C	EATH: City, Maryland			4. USUAL RESIDE			d. If instit	
В.	FULL NAME (OF (If not in hospit		ion, give street address or location)			anne	- ar	undel
	ISTITUTION	19HAZ WUHKIN	IS HOCDER	iocation)	c. CITY OR TOWN	11	de corporate l	limits, wri	te RURAL and give township)
3			ar market	Yrs.	Miller	-V-V-V-V-V-V	O landia	-)	
-	Langth of at	tay in Baltimore		Mos.	D. STREET ADDRE	0/ // //	gyle location	52	0.0
	SEX SEX	6. COLOR DR RACE	7. SINGL	Days Days	8. DATE OF BIRTH	9.	AGE (Un year	s If Under 1	Year If Under 24 Hours
1	ma. O.	11 lite		/ED, DIVORCED (Specify)	7-79-1	2 1	ast birthday)	Months	Days Hours: Min.
10	A. USUAL OC	CUPATION (Give kind of	108, KINE	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign	country)	1 12.0	CITIZEN OF
		fworking life, even if retired) Repairman	Telep	hone	Pennsylv	enie		,	WHAT COUNTRY?
	FATHER'S N		1 20200		14. MOTHER'S MA				
	Calvin H.	. Hockensmith	h		Ella W.	McClure			40.33
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT			ADDRE	ss
(=0	no	(to-) Break was or date	**	SECURITY NO.	HUOF	S HOPKINS	HOSPITI		
	18. 443	3 X .		CAUSE	OF DEATH				NTERVAL BETWEEN
	DISEAS	E OR CONDITION		11	at i	0 01	2. 1	,	NISE! AND DEATH
	(This does	not mean the mode	of dying, e.	E., (A) N-4/N	enement .	and a	ren	0-	gears
	injury or	re, asthenia, etc. It mea complication which	caused death	DUE TO	asation	Cand	10-	1	
7.		ANTECEDENT CAUS	SES	1201	and a	Dia	2 10	4	
Z	DISEASES	OR CONDITIONS, 1	F ANY GIVIN	(B)	eww.	aure	ese		***************************************
ATION	RISE TO TH	HE ABOVE CAUSE (A)	STATING TH						1-24/19
FICA	OHDERW.	into combinion 2		(C)			****************		
1		II -				0			
CERTI	TRIBUTING	IGNIFICANT COND. TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATI	D (lala)	1 due to	excess	stock	d	years
				FINDINGS OF OPER	ATION			//	20. AUTOPSY?
A								U	YES NO
IEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., s			Baltimore Ci	ty, give e	xact location)
Σ	21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OC	CUR?		
	J. Mack		m.	WHILE AT NOT WHILE					
	22. I hereby	y certify that I at	tended the	deceased from 6-	14- 195	Pro 7-1	14-,1	950 the	at I last saw the
	deceased al	ive on 7-14 -		and that death occur	red at 1/35 Pm.	, from the ca			te stated above.
	23A. SIGNAT	TURE	J.h	2	38. ADDRESS	PL No and a new co		23	C. DATE SIGNED
2	4A. BURIAL, C	REMA- 248. DATE	sur	M. D.	*	OPKIRS HOR		OWD OF CO	unty) (State)
	ON, REMOVAL (S	pecify)		24c. NAME OF CEMETE				J. 11, 01 00	(Deate)
D	Burial ATE RECEIVED	7/18/50	1	Moreland Me	M. PK.	Taylor EGTER	Ave.	ADE	PRESS / A.A.
	OCAL REGISTI		- W/11		2/m. 1.	Victor	en VX	no.	salto Md
7	VS 150	*	De LINU	CULLINA TO	A A			^	
	13 130	- Contract of the Contract of	1 April 19 Sept 10 Sep	1.100 mg gran 546	DSAI	1		93	D
					() (1	



3 Med. Exam. Case Released To Hospita.	4
50 6242 BALTIMORE CITY HE CERTIFICATI	E OF DEATH Registered No. 6242
1. NAME OF DECEASED (Type or Print) FAVIN GEORGE BANNETT	2. DATE JUL 15 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION IONAL TOPKINS HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	310 E. 30 1. St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Under Year Under
Male Midowed Widowed	10/25/1894
10A. USUAL OCCUPATION (Give kind of rork done during most of working fife, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Janitor Apt. House	14. MOTHER'S MAIDEN NAME
Nate Barnett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Nancy Obrien
Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No No 171-10-6/89	JOHNS MOPKINS HOSPITAL
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	. 1 1/ / - //
(This does not mean the mode of dying, e.g., (A)	caraial vifarction 24 hrs.
ANTECEDENT CAUSES	navy asteriosclerons
DISEASES OR CONDITIONS, IF ANY, GIVING	aug area or carons
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	O
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	a pr 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?
2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE WORK AT WORK	
22. I hereby certify that I attended the deceased from	7-15 1910, to 7-15, 1950, that I last saw the
deceased alive on 7 - 15 -, 1950, and that death occur	red at 11/4 Pm., from the causes and on the date stated above.
	38. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 246. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	
	emorial Chester Pa
DATE DECENTED BY I SELECTION OF STREET	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRATOS O Hantington Williams, Man	Chas. Children 512 N. Carrollton Ave
VS 150 -	1770 74 0110
topo APPHOVED by Media	Al Examinate 944

NOT A MEDICAL EXAMINER'S CASE

CHEEF OR ASS'T. MEDICAL EXAMINER

9 .

50 6243 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DAISY RUCKER 7-I4-50 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1638 W. Lanvale Street Baltimore I7. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore I638 W. Lanvale Street Days 7. SINGLE, MARRIED 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years li Under | Year last birthday) Months Days WIDOWED, DIVORCED (Specify) Hours: Min. Widowed Oct. I3, I897 52 female Colored 9 10A. USUAL OCCUPATION (Givehind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abe Thornton Mary 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Dolice Rucker 630 N. Gilmore St. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertension (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive Type Heart Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... L OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED none TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK y that I attended the deceased from July 12 19 50 July 14, 1950, that I last saw the uly 14, 19 50 and that death occurred at 9:45 m. from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from July 12 deceased alive on 23B ADDRESS 23c. DATE SIGNED M. D. 601 N. Calhoun St. 7/24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Removal Harmony Grove 7-16-50 Cannon. Georgia DATE RECEIVED BY REGISTRAR'S SIGNA LOCAL REGISTRAR

- WALLER BERTHAMPER

A. JACKSON-916 PENNA.

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BALTIMORE CITY HEALTH DEPARTMENT

6244

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) HARRY OF MEISE DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If Institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside comporate Im ts wr) RURAL and vive C. CITY OR TOWN INSTITUTION ST. JOSEPHS HOSP. township) Yrs. ADDRESS (If rural, give location) Mos. PATTERSON c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | II Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIYORCED (Specify) MARRIED 10A, USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR BIRTHOLACE (State or foreign country) 12. CITIZEN OF k dooe during most of working life, even If retired) INDUSTR WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

WHILE AT NOT WHILE WORK AT WORK m.

22. I hereby certify that I attended the deceased from_

, and that death occurred at 845m deceased alive on 23A. SIGNATURE

238. ADDRESS

from the causes and on the date stated above. 23c. DATE SIGNED

15/5130, that I last saw the

(If in Baltimore City, give exact location)

24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREMA-I

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

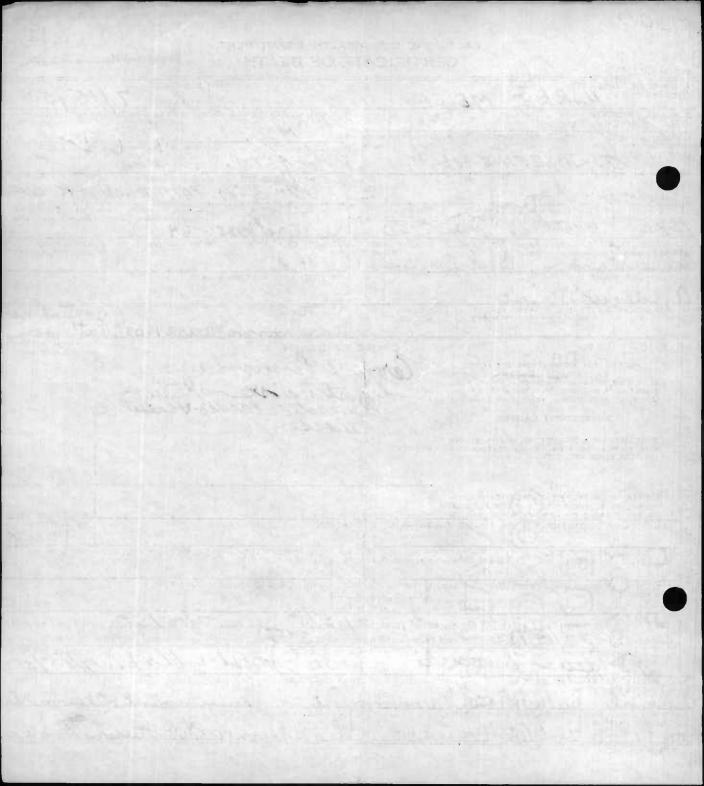
20. AUTOPSY?

VS 150

21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

EDICAL



6	Medigal & Xamine +s case			
1-	C/ V.A 6 A A 7 7 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EALTH DEPARTMENT	Registered No	6245
	RTH NO.	E OF DEATH	registered 140,	
1. (T	NAME OF DECEASED Was die lier	(5.0	2. DATE OF DEATH	7
Α.	PLACE OF DEATH: Baltimore City, Maryland Belto, City	4. USUAL RESIDENCE ()		tution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give treet address or location) STITUTION	c. CITY OR TOWN (1:	f outside corporate limita w	ite RURAL vid give
2	TO MANUEL WARMLY	Ballen	nore -	township)
C.	Length of stay in Baltimore 25 w. Mos. Days	D. STREET ADDRESS	rural, give location)	91
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Vear If Under 24 Hours Days Hours Min.
겁	emale rears	10-31-90	540400	
mar)	A. USUAL OCCUPATION (Give kind of lobe. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	n C U	WHAT COUNTRY
13	FATHER'S NAME	14. NOTHER'S MAIDEN N		
	Hugher Comp	Themore	Comp.	
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	RESS
	18. 5 9 / / CAUSE	JONNS ROPKINS H	OSPITA.	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		. 10	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Second, and 14	nd degree	week
	injury or complication which caused death.)	· of body	THE STANSON OF THE PARTY OF	
z	ANTECEDENT CAUSES	CERTIFICAT	TION APPROVED BY	
10	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Dr. C. J	Lubinski	••••
RTIFICATIO	(C)	per Chief or As	M.D.	
TIF	OTHER SIGNIFICANT CONDITIONS CON. Hyperten		sculat disease	0
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED WITH TETNING TO THE DISEASE OR CONDITION CAUSING IT.	val uremia		2yrs
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in		If in Baltimore City, give	exact location)
MED	LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., e	INJURY OCCUB?	embard St.	3/2
r	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY		CAUA Walked	into candle
h	22. I hereby certify that I attended the deceased from		0	at I last saw th
	deceased alive on selly 14, 19 50 and that death occur		the causes and on the d	
	61:00	JOHNS ROPKINS NO		7-14-54
	M. D. A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		OCATION (City, town, or c	ounty) (State)
1	Sunal 7-17-50 mer Colvery	Olm, Be	sofelyn, m	d
LC	CAL REGISTRAR REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR,	land in A	DRESS
H	VS 150 N-948. 2	my Diwe	101	The state of the s
	actificates to be approve	A by Medica	1 Exame	cr
35		1, -0,00		

hat, and, and third it is Acres 1 the second was Hypertensive cardiovascular decare 245 REPORT LANDICET STOW To make I 3 5311 - (-1) clothes capyed and the THE THE PROPERTY OF C. - 1. 1.

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BI	RTI	6	24	6

BALIMORE CITT HE	ALIA DEPARTMENT
BIRTH 6246 CERTIFICATE	E OF DEATH Registered No. 0240
1. NAME OF DECEASED (Type or Print) RIDA COOK	2. DATE OF 7/6/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limite, write RIFA) and give
INSTITUTION 818 WILLIAM ST.	BALTIMORE LE Cownship)
Yrs. Mos. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location) 8/8 WILLIAM 57
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year last birthday) Months: Days Hours: Min.
10A. USUAL OCCUPATION (Givekinde) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of working life, even if retired) House Wife Touse Wife	WINGATE'S MO. WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	LAURA FALLON
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	M.P. OLIN COOK 8/8 WALLAM ST
18. 442 X . CAUSE (OF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ettym Cardio ethym Cardio ebulclion
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	te.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on 19 6. and that death occur 23A. SIGNATURE 2	red at 253 Pm., from the eauses and on the date stated above. 3B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER TION REMOVAL (Specify) 7/9/50 LOUDON PA	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC 715 LIGHT ST 30
VS 150 Paris. The form the second sec	1312
	A S A S

SEDERADA SAR

Me Samuel Rubin

50 6247 BALTIMORE CITY HEALTH DEPARTMENT J1- 139567 CERTIFICATE OF DEATH Registered No. 50-1579 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Boy Brown- Cammie OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Baltimore City Hospitals location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) astern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 303 Bitterns -22 c. Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (in years) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) Negro Male July 8, 1950 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME La cy Brown Cammie Bolling 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service) B. C. H. Records, 4940 Eastern Av 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Frematurity (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION DICA 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 22. I hereby certify that I attended the deceased from July 8 1950 to July 9, 19 50 that I last saw the deceased alive on July 9, 1950 / and that death occurred at 6.15AM., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 4940 astern Ave. 7-10-50 M D 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-B. C. H. Crematory Cremated 7-11-50

25. FUNERAL DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

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ADDRESS

THE RESERVE ON THE COL Andrew Market Market Market the state of the s and the income of the same control of the

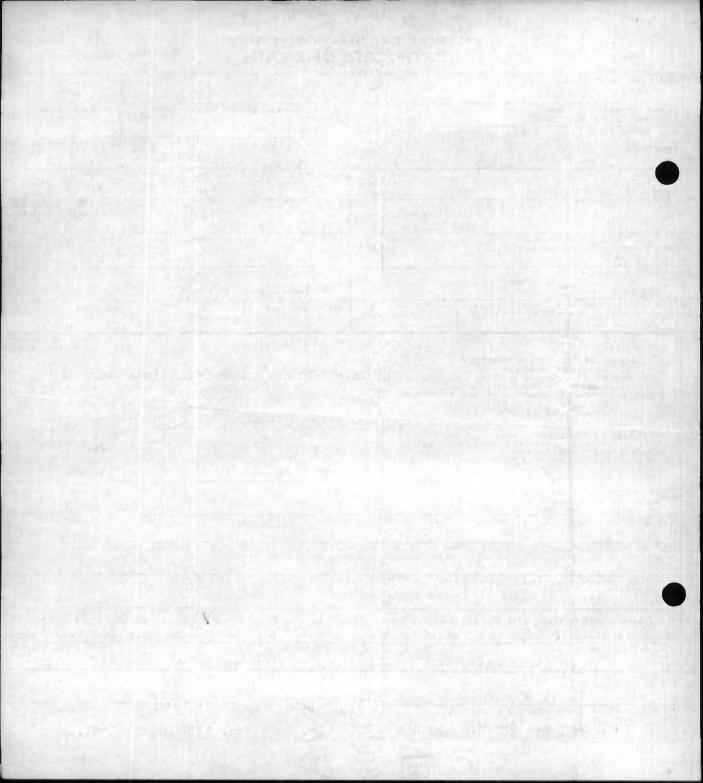
FILLMORE 6248 BALTIMORE CITY HEALTH DEPARTMENT 5248 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Il More Tomaine DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore GEOLOG Days 19. AGE (In years | | Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH marria 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VYVE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Intracerebral & Subarachnoid Hemorrhage 9 days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Anueryom Circle of Willis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Hypertensive OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WORK 22. I hereby certify that I attended the deceased from 13. July , 1950, to 18 way __, 1950, that I last saw the deceased alive on 18 July , 19 50, and that death occurred at 12.00 Am., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24B. DATE Burial July 20. 1950 Mount Rose Cemetery York. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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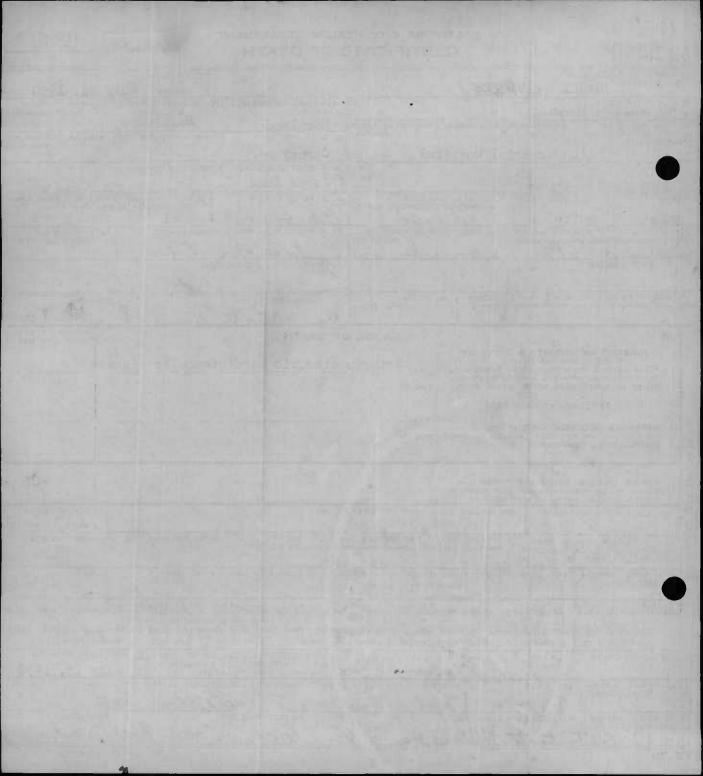
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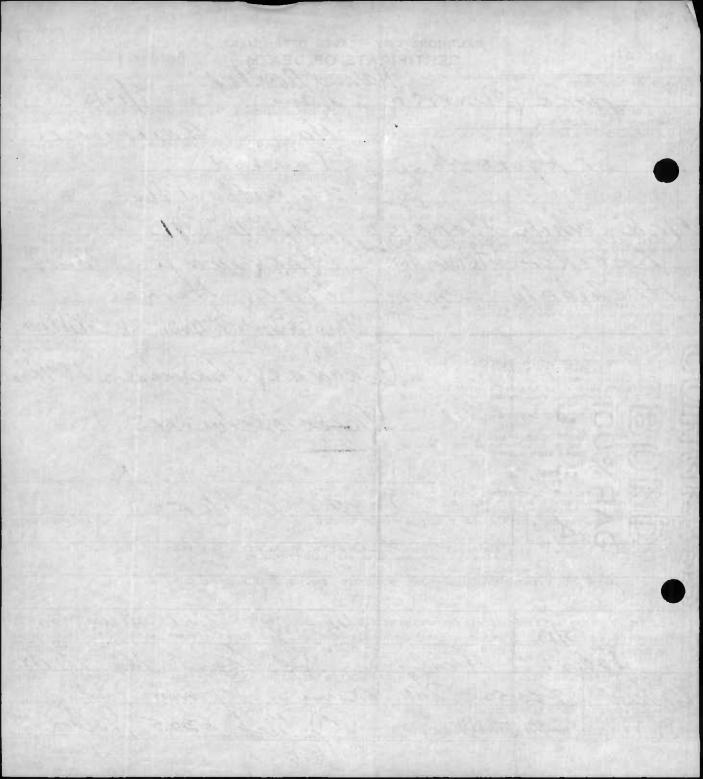
Cook Inc. 1217 St. Paul St.



2	00:10	EALTH DEPARTMENT	Registered No. 6249
	AME OF DECEASED	E OF DEATH	2. DATE
3. PL	C OF Print) HARRY WESSEL LACE OF DEATH: altimore City, Maryland	A. STATE	OF DEATH July 14, 1950 ere deceased lived. If institution: residence B. COUNTY before admission
HOS	ULL NAME OF ('I not in hospital or institution, give street address of location location Union Memorial Hospital		Baltimore state corporate limits, write RURAL and give township
c. Le	Yrs. Mos. Days Color or RACE 7. SINGLE, MARRIED.	F. Joppa Road	ral, give location)
SI.	WIDOWED, DIVORCED (Specify	May 5-1889	last birthday) Months Days Hours Min. 61 12. CITIZEN OF WHAT COUNTRY
	VAS DECEASED EVER IN U. S. ARMED FORCES? o or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Charlotte	Henrel - E. Japa Rd
RTIFICATION	DISEASE OR CONDITION DIRECTLY	OF DEATH osclerotic cardiova	scular disease
U 19	9A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY7
₹ U	1A. EXTERNAL CAUSE WAS NDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.		n Baltimore City, give exact location)
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! INJURY OCCUR! WHILE AT NOT WHILE AT WORK WORK		OCCUR?
	2. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause 3A. SIGNATURE	Autopsy, Ins Inquiry, find that said dece 's ♠, accident ☐, suicide ☐	pection or Inquiry cased died on the day stated above , homicide
DATE	BURIAL, CREMA- REMOVAL (Specify) 7-18-50 RECEIVED BY REGISTRAR'S SIGNATURE		ATION (City, town, or county) (State)
LOCA	1 7 1950 tutuator Milians, M.	100/	305 Harford Re



120				00:00
6250	BALTIMORE CITY HE		Registered No.	00 62:50
1. NAME OF DECEASED	Has	was archital	2. DATE	1
(Then a see Defect)	ADAVICA	Davis	OF DEATH 7/17	50
8. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If ins	titution: residence before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits,	
ST HAN	es Hospa	1 ouson		township)
c. Length of stay in Baltimore	Wrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	5200
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		der i Year If Under 24 Hours hs: Days Hours: Min.
Make While	MARRIED	9/27/1878	1171	
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)	LTOIS CONTOR	11/BIRTHPLACE (State or fo	oreign Country)	WHAT COUNTRY?
13. FATHER'S NAME	791C1alm 491.	14. MOTHER'S MAIDEN N	AME,	457
MRChibAlD	DAVIS	MARY	Heines	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	An ADE	W.Olas
18. 1/20 1	CAUSE	OF DEATH	juves ab	INTERVAL BETWEEN
DISEASE OR CONDITION I		77	1	ONSET AND DEATH
LEADING TO DEAT (This does not mean the mode of	H dying, e.g., (A)	PONBRY (1	Rombosis	16 Hks
heart failure, asthenia, etc. It mean injury or complication which ca				
ANTECEDENT CAUS	NK	Texiosela	Pasis	
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	ANY, GIVING	S Sand Sand Sand		
UNDERLYING CONDITION LAS				
I I I I I I I I I I I I I I I I I I I	(c)			
OTHER SIGNIFICANT CONDIT		121/	luke	
U TO THE DISEASE OR CONDITION			w.r.e.	20. AUTOPSY?
SAL				YES NO
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,		If in Baltimore City, giv	e exact location)
2. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
INJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I atte	ended the deceased from 7	15 1906, to		that I last saw the
deceased alive on 2/1)	, 1950, and that death occur	rred at 3 m., from t	the causes and on the	date stated above.
23A. SIGNATURE	St Ealis M.D.	SB. ADDRESS	mes blox	7/17/23
24A. BURIAK, CREMA- 24B. DATE TION (EMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240.1	OCATION (City, toy), or	county) (State)
Durial 7-20	50 /N /N	aria 1	owson .	re
DATE RECEIVED BY REGISTRAR'S	L- 1/11.	25. FUNERAL DIRECTOR	6305 TH	and and A
	Gran / Your action, Multi-	D. K. Luck-	0000 10	and ward
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50	6251
BIRTH	NO.

)(62: RTH NO.)1	10771	CERTIFICAT	E OF DEATH	Registered No.	0201
1.	NAME OF Dependent	DECEASED Man	V	Bowes	nv.	2. DATE OF DEATH	5/50
A.		City, Maryland	1		A. STATE	Where deceased lived If ins	titution : residence before admission
HC	SPITAL OR STITUTION	Lutheran	Hospital	ion, give street address o location		If outside corporate limits, w	rite RURAL and give
c.	Length of	stay in Baltimore		Yrs. Mos. Days	(LO) F	frural, give location) Reston St	
5.	SEX	6. COLOR OR RAG	7. SINGL WIDOV	E, MARRIED, VED, DIVORGED (Specify	8. DATE OF BIRTH	9. AGE (In years H Und last birthday) Month	er i Year H Gedet 24 Heurs Is Days Hours Min.
10.	done during most	CUPATION (Give kin of working life, even if reti	dof 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	7	CITIZEN OF WHAT COUNTRY
13.	LUKE	ME COS	KER		14. MOTHER'S MAIDEN	E AN INO	VS/I
15 Yes	WAS DECEAS	ED EVER IN U. S. AR (If yes, give war or	MED FORCES? dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	tal Record	RESS
	18. 44	3 X		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This doe heart fail	SE OR CONDITION LEADING TO DO S not mean the modure, asthenia, etc. It: complication which	EATH de of dying, e. means the diseas	se.	pensation è con	10 heart failure	15 Man
NO.	RISE TO	ANTECEDENT CA	S, IF ANY, GIVII		rtensive Heard	Pisesse	
		н		(c) rem	ia, Chronic	glomerolonephric	1
CER	TRIBUTIN TO THE	SIGNIFICANT COL G TO THE DEATH, B DISEASE OR CONDIT	UT NOT RELAT	it. broncho)	neumonia, Itype	n encephalomin	<u> </u>
AL.		OF OPERATION ()		FINDINGS OF OPE			20. AUTOPSY?
E DE	21A, ACCID HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, at reet, office bldg.		(If in Baltimore City, glve	e exact location)
2	INJURY	(Month) (Day) (Ye		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
		live on 15	attended the	and that death occu	rred at 125, to a m., from 23B. ADDRESS	the causes and on the	hat I last saw th date stated above
24	A. BURIAL	CREMA: 24B. DAT	Jer I	M. D.	LU Thuran / Justin	LOCATION (City, town, or	7-15-50 coupty) (State)
DA	TE RECEIVE	D BY REGISTA	AR'S SIGNATU	Mens Coakrele	25. PINERAL DIRECTOR	Gallimore Mil.	DDRESS

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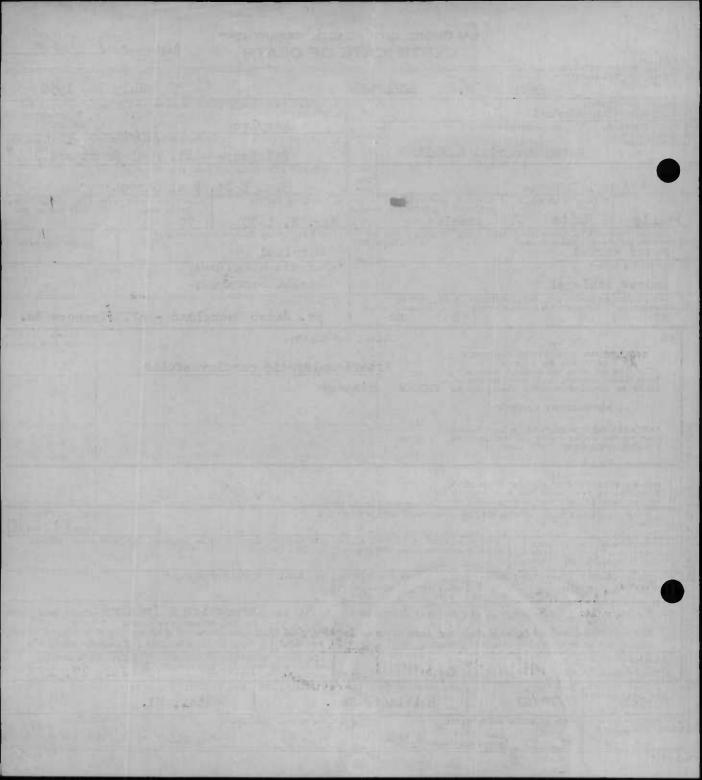
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 6252

	NAME OF D	ECEASED EMV	IA M.	SCHLEGEL			OF JU	ly 16, :	1950
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDE	ENCE (Where d		. If institution	: residence forc admission)
8.	FULL NAME		ital or institu	tion, give street address or	Mary!	land	17	-00	
	STITUTION	Union Me	morial F	location)	c. CITY OR TOWN	(If outside	e corp rate in	mits, write RI	URAL and give township)
4		OllEon 110	morrar a	Yrs.	D. STREET ADDRI	Lmore - S			Apt.2040
c.	Length of s	tay in Baltimore		Mos. Days		& St. Par			
	SEX	6. COLOR OR RAC		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	1 9. A	GE (In years)	If Under 1 Year	Hours: Min.
	Female	White	sin	gle	Mar. 6, 188	30 1 70		Months, Days	s nours mm.
10 worl	A. USUAL OC doneduring most never W	CUPATION (Give kind of working life, even if retire to rked	of 108, KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign o	country)	12. CITI	ZEN OF T COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME		1	
	Andrew	Schlegel			Amelia Bo	ckelman			
15 (Ye	. WAS DECEASE , no or unknown) NO	D EVER IN U.S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO. NO	17. INFORMANT Mr. Jacob	Bockelma	an - 52]	ADDRESS	ore Rd.
RTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It m complication which ANTECEDENT CAI S OR CONDITIONS, HE ABOVE CAUSE (/ ING CONDITION)	ATH c of dying, e. cans the disease caused death USES IF ANY, GIVIT A) STATING TI LAST.	g, (A) Arter: Se, (A) Arter: (B)	of DEATH iosclerotic ease	cardiovas	cular	ONSE	T AND DEATH
ERT	TRIBUTING	IGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITION	T NOT RELATI	ED					
Ö		F OPERATION		FINDINGS OF OPER	ATION			20.	AUTOPSY?
AL			1 01- 51	CE OF INDIBY ('-	l 21c WHERE D	ID (If in D	alėžmama Gien	YES	No X
EDICAL	UNDERLYIN	IAL CAUSE WAS G OR CONTRIE AUSE OF DEATH	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			ardmore City	, give exact	location)
Σ	210. TIME (Month) (Day) (Yea		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID	INJURY OCC	UR 7		
	the evi	dence obtained b	y said Auto	remains described a opsy, Inspection or I from: natural causes	nquiry, find that	Autopsy, Inspect said decease	ion or Inquir $d\ died\ on$	the day st	tated above,
	23A. SIGNAT		/	lactury	238. CHIEF ME ASSISTANT ME D. MEDICAL INVI	DICAL EXAMI	NER		
710	N. REMOVAL (S Burial	REMA- 246. DATE pecify) 7/18/50		24c. NAME OF CEMETER Baltimore C	RY OR CREMATORY		ON (City, tov		
DA	TE RECEIVE	D BY REGISTRA	R'S SIGNATU	liams, Mar	25. FUNERAL DIR	0	ur t	ADDRES /	rallo
V	S 151		8	· Salahara	r\;			430	The state of the s

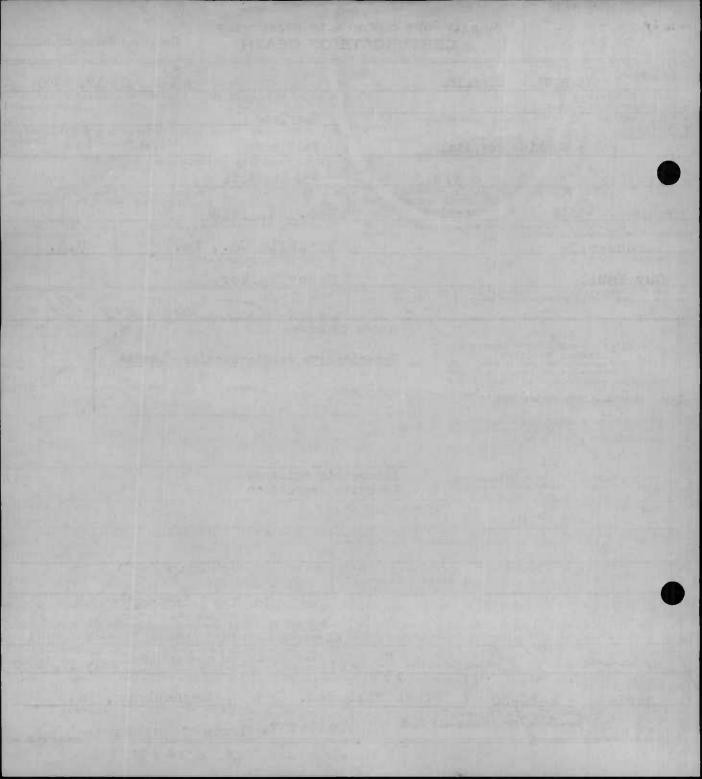


364 BURTH NG253

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6253

201	KIH NO.						
	NAME OF D	KATHARINE	STERLI	ING		2. DATE OF DEATH July	17, 1950
Α.		City, Maryland			A. STATE	NCE (Where deceased lived, If is B. COUNTY	
H	FULL NAME OSPITAL OR	OF 'i not in nospi	tai or institui	tion, give street address or location)	c. CITY OR TOWN	(If outside corporate limits	write HNRAL and give
11	ISTITUTION	Johns Hopkins	Hospit		Baltimore	26-0	4 township)
				Yrs. Mos.		SS (If rural, give location)	
C.	sex	tay in Baltimore		YTS. Days	930 Quant		Index 1 Years Hithere 24 Have
			WIDOV	VED. DIVORCED (Specify)	- North Control of	last birthday) Mon	ths Days Hours Min.
10	female	White	I TOB. KIND	ried o of Business or	Dec. 24.		12. CITIZEN OF
wor		of working life, even if retired)	INDUSTRY	Franklin		WHAT COUNTRY?
13	FATHER'S	Sewife NAME	!	-	14. MOTHER'S MAI	DEN NAME	U.S.
	Guy P	eull			Nancy Wel	ker	
15 (Va	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give wer or dat	D FORCES?	16. SOCIAL	1701 FORMANT		DRESS
(10	no	(11 you, give wer or day	os or service)	SECURITY NO.	Harold Ste	T- 840 Luant	1 Rd.
	18. Lt	43 X.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION					ONSET AND DEATH
		LEADING TO DE	of dying, e.		ensive cardio	vascular disease	
		ure, asthenia, etc. It me complication which					
		ANTECEDENT CAL	SES				
z	DISEASES OR CONDITIONS, IF ANY, GIVING						
ERTIFICATION	RISE TO	THE ABOVE CAUSE (A	STATING T				
EA.	ONDERL	THE CONDITION I					
FIG		11			this andless		
RT	TRIBUTIN	BIGNIFICANT CONE G TO THE DEATH, BUT	NOT RELAT	ED Reacti	thic epilepsy ve depression		
OE		OF OPERATION		FINDINGS OF OPER			20. AUTOPSY?
AL		0					YES NO X
CA	21A. EXTER	NAL CAUSE WAS	21B. PL/	ACE OF INJURY (e.g., in farm, factory, street, office bldg., e	to.) INJURY OCCUR		ve exact location)
EDIC	CAUSE OF						
Σ	210. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURRI	D 21F. HOW DID	INJURY OCCUR?	
r			nı.	WHILE AT NOT WHILE			
	=2. I certi	fy that I took cha	rge of the	remains described a	bove, held an Inc	uiry & Inspection	thereon and from
					nquiry, find that	utopsy, Inspection or Inquiry said deceased died on the suicide [], homicide [], un	
	23A SIGNA		11)	4	23B. CHIEF MEI	DICAL EXAMINER 23c	
	Xna	wley /8.	Deer				uly 17, 1950
TIC	IA. BURIAL. (S	CREMA- 248. DATE		24c. NAME OF CEMETE		24D. LOCATION (City, town, o	
-	Buri	D BY L DECISTONS	C CUMMATI	Green Hill		Waynesboro,	
L	CAL REGIST	RAR THE THE TRANS	no Ville		25. FUNERAL DIRE		ADDRESS
+	UL 1/19	50		To America (file	Walter y.	Grove Waynest	oro, Pa.
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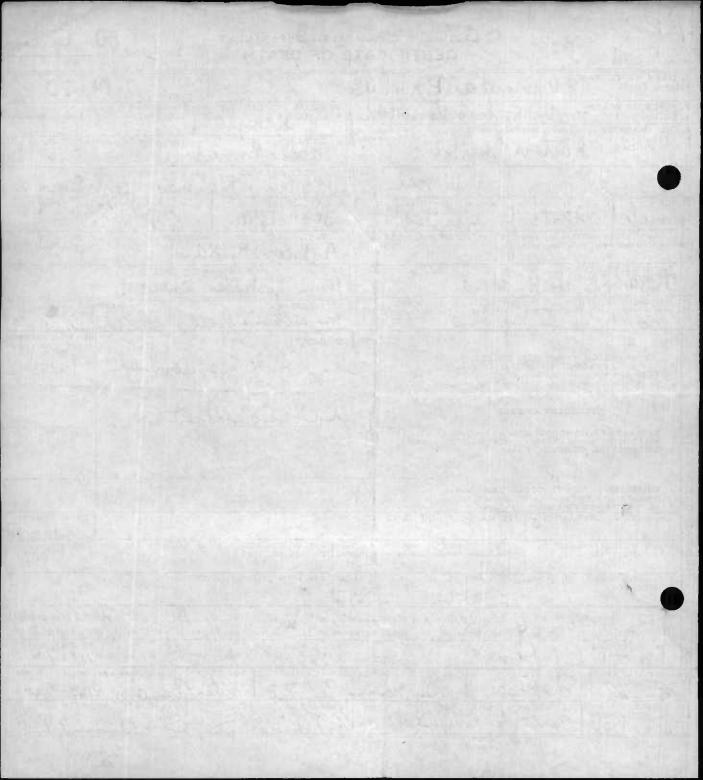


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BIR	TH NO.

BALTIMORE CITY HEALTH DEPARTMENT

	511	625
	20	SERVIT.
egistered	No	

I B	IRTH NO.		CERTIFICATI	E OF DEATH	Registered	No
1	NAME OF DECEASED	nda,	Paulus		2. DATE 7	.14.50
3	PLACE OF DEATH: Baltimore City, Maryland	1	Hamital	4. USUAL RESIDENCE (DEATH	
B.	FULL NAME OF (If not in hospit	al or institutio	on, give street address or location)	maryle	may any	its, write RURAL and give
-	ASTITUTION HOLLONS	Huspit	al	Glen - mur	cie 52) 0 township)
С	Length of stay in Baltimore	1	O years . Mos. Days	413 Craw Hi		en-Burrie
5	SEX 6. COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED, ED, DIVORCED (Specify)	3.31.1890	9. AGE (In year) last bidthday) M	If Under ? Year II Under 24 Hours In Under 24 Hours Hours Min.
1 (A. USUAL OCCUPATION (Give kind of k done during most of working life, even If retired)		OF BUSINESS OR INDUSTRY	A.A. COWLY	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Elijah W.	Wood		ama Gertrude	C 0 0 0	/
	5. WAS DECEASED EVEN IN U, S. ARMED a, no or unknown) (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Mrs. Callerine No.	ate se &	ADDRESS
	18. 33/X		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of	TH	, _(A) <u>(B</u>	rebol He	smoober	- I week
	heart failure, asthenia, etc. It mea injury or complication which of	ns the disease,			7	
Z	ANTECEDENT CAUS		(8)	Weise	ladus	
ATIO	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE	DUE TO			
TFIC	11		_(C)			
ERT	OTHER SIGNIFICANT CONDITERISTING TO THE DEATH, BUT	NOT RELATED				
IL C	19A. DATE OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		CE OF INJURY (e. g., in		If in Baltimore City,	give exact location)
ME	21D. TIME (Month) (Day) (Year)		1E. INJURY OCCURRE		Y OCCUR?	
	OF INJURY		HILE AT NOT WHILE			
	22. I hereby certify that I att		leceased from	-7-50 19 , to) - / \ , 195	that I last saw the
	23A. SIGNATURE	NY		38. ADDRESS 1 Clus	lost and on	23c. DATE SIGNED
	AA. BURIAL, CREMA- 244. DATE	2.	4C. NAME OF CEMETER		OCATION (City, town	n, or county) (Start)
L D L	ATE RECEIVED BY REGISTRAR DCAL REGISTRAR		iaur, Mar	25-FUNERAL DIRECTOR	Ill G	ADDRESS
	VS 150	end hints	applied to the control of the contro	To Grander	, , , , , ,	(And
				1 1 2 7		832



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6255

BIRTH NO.					
1. NAME OF D (Type or Print)	ECEASED William	Johnson Ritchey		2. DATE 7-16	٥-,٠
3. PLACE OF DA. Baltimore (B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland OF (If not in hospit	alor institution, give street address or city Hospitals location) tern Aye.	4. USUAL RESIDENCE (A STATE Md. C. CITY OR TOWN (I	Where deceased lived, I	f institution: residence before admission) its, write RURAL and give township)
	tay in Baltimore	26 yrs. Yrs. Mos. Days	D. STREET ADDRESS (In 46 Kingston Rd		er End
5. SEX	6. COLOR DR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 26, 1885	9. AGE (In years last birthday) M	fi Under I Year on the Days Hours Min.
ork done during most	CUPATION (Give kind of of working life, even if retired)	B & O R. R. Co.,	11. BIRTHPLACE (State or f	oreign country)	U.S.
13. FATHER'S N	Albert H		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASI	ED EVER IN U.S. ARMEI (If yes, give war or date	of service) 16. SOCIAL SECURITY NO. 705-09-1530	17. INFORMANT B. C. H. Mecord	s, 4940 East	ern Ave.
(This does heart failu injury or DISEASES RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA' LEADING TO DEA' on the mode of the action of the mode of the action of the complication which of the action of	TH (f dying, e. g., (A)	nary Thrombosis		ONSET AND DEATH
	F OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	ENT WAS UNDER. R CONTRIBUTING	218. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (tc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
22. I hereb	live on July 16	m. WHILE AT NOT WHILE AT WORK AT WORK ended the deceased from Ju, 19_50, and that death occur	ly 15 , 1950, to 3	Tuly 16 , 19 the causes and on t	50hat I last saw the he date stated above. 23c. DATE SIGNED 7-10-50
24A. BURIAL. CON REMOVAL (S ILEMOVAL)	7/20/50	Altoona, Pa.	RY OR CREMATORY 240. L	oona, Pa.	a, or county) (State)
OCAL REGIST		s SIGNATURE	Schimunek 2001-03	Hsme Ingdis	address on St.,
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(Medica) Examiners Case		
birth 1000 To Hospital BALTIMORE CITY H		tered No. 6256
1. NAME OF DECEASED LILLIE DOROTHEA (Type or Print)	STALFORT 2. DATE OF DEATH	1. 16.1950
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased A. STATE B. COU	
B. FULL NAME OF (If not in hospital or institution, give street address o location INSTITUTION IONAS ROPKINS HUSPITAL		ate limits write RURAL and giv
Yrs. Mos.	D. STREET ADDRESS (If rural, give local	tion)
c. Length of stay in Baltimore Days 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In)	veurs If Inder Year If Under 74 House
WIDOWED, DIVORCED (Specify 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	3-25-85 45	day) Months Days Hours Min.
work done during most nf working life, even if retired) Housewife Thomas with the state of the	11. BIRTHPLACE (State or foreign country) Baltimore Md.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME LATIT	rester Lubinski pe
Gerhardt E. C. Stafort 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service) SECURITY NO.	Helena Denkhe	ADDRESS M.D.
no None		ASST. MEDICAL EXAMINER.
18. E 9 00, 01 CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
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ANTECEDENT CAUSES	t hemotherall, Compressions, left hydrotholas	72 hrs.
ANTECEDENT CAUSES	ration of attemy form into	irnal 72 hrs.
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ration of attemy form into	ernul 72 hrs.
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ration of attemy form into unding fracture of at. 8th y, Hepatomegaly, and A	irnal 72 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) COMPOUNT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT DISEASE OR CONDITION CAUSING IT DISEASE	ration of utiling form into unding fracture of int. 8th y, Hepatomegaly, and A marrows: ? Polycythem	ernal 72 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) COMPOUNT OF THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT DISEASE	ration of it. lung form into unding gracture of ret. 812. y, Hepatomegaly, and A. Marrows: ? Polycythem RATION in or 21c. WHERE DID (If in Baltimore	12 hrs. ernel 272 hrs 1pus- 18 mon. 20. AUTOPSY?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- SPICE MADE TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bids. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURE	ration of it. Cury form into unding fracture of it. 810. y, Hepatometry, and A. MATION in or 21c. WHERE DID (If in Baltimore, occ.) INJURY OCCUR? RED 21F. HOW DID INJURY OCCUR?	This. Ernel 27 hrs 1pus- 18 mon 20. AUTOPSY? YES IN NO [20 City, give exact location] Broad way 19th (Inside
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C	ration of utiling form into unding fracture of it. 810 y, Hepatomizely, and A. MALTION RATION in or 21c. WHERE DID (If in Baltimore, otc.) INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? EXPRINTED to the state of the state	12 hrs. Ernel 272 hrs 1pus- 18 mon 20. AUTOPSY? YES IN NO 20 City, give exact location) Spadway 1911 (Inside
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. SPICE MARK TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE About home, farm, factory, street, office bldg. CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURF INJURY) 13 1950 PM. WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 7 - 6, 1950, and that death occur	ration of at lung from internating fracture of ret. 8th. 4. Hepatomizety, and B. RATION in or 21c. WHERE DID (If in Baltimore, etc.) INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? EVENTS 1950, to 7-16 12rred at 1230 Pm., from the causes are	12 hrs. Ernel 27 hrs 18 mon 12 vera 18 mon 20. AUTOPSY? YES IV NO E City, give exact location) Speadway 19 steps 2, 195 0, that I last saw th
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. SPICE MARK TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE About home, farm, factory, street, office bldg. CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURF INJURY) 13 1950 PM. WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 7 - 6, 1950, and that death occur	ration of utiling form intimuding fracture of it. 810 4. Hepatomizely, and Amazoni: Polycythem RATION in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? 163) RED 21f. HOW DID INJURY OCCUR? C. 1810 Tolycythem RED 21f. HOW DID INJURY OCCUR? C. 1810 Tolycythem 1-13, 1950, to 7-16	This. This is a series of the state of the date stated above the state of the date stated above the state of
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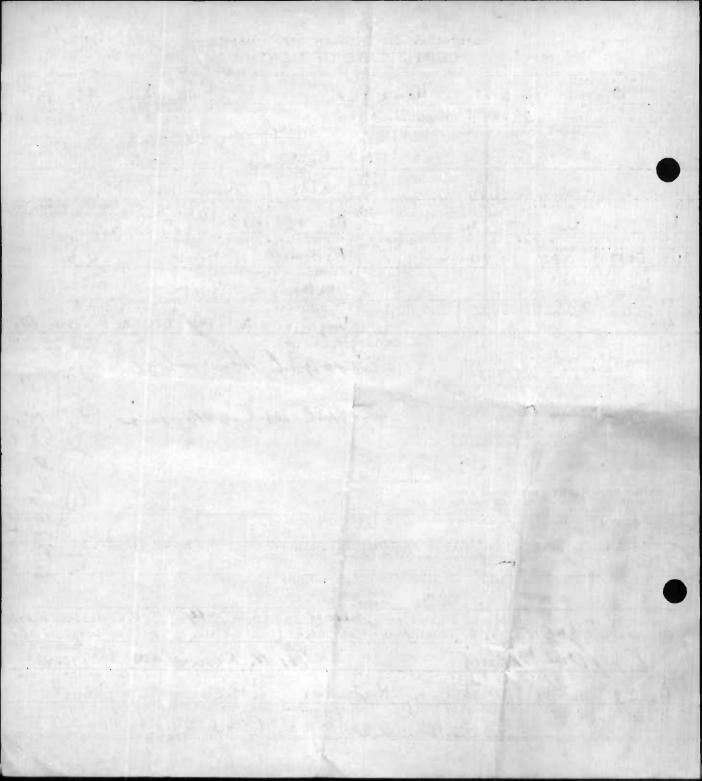
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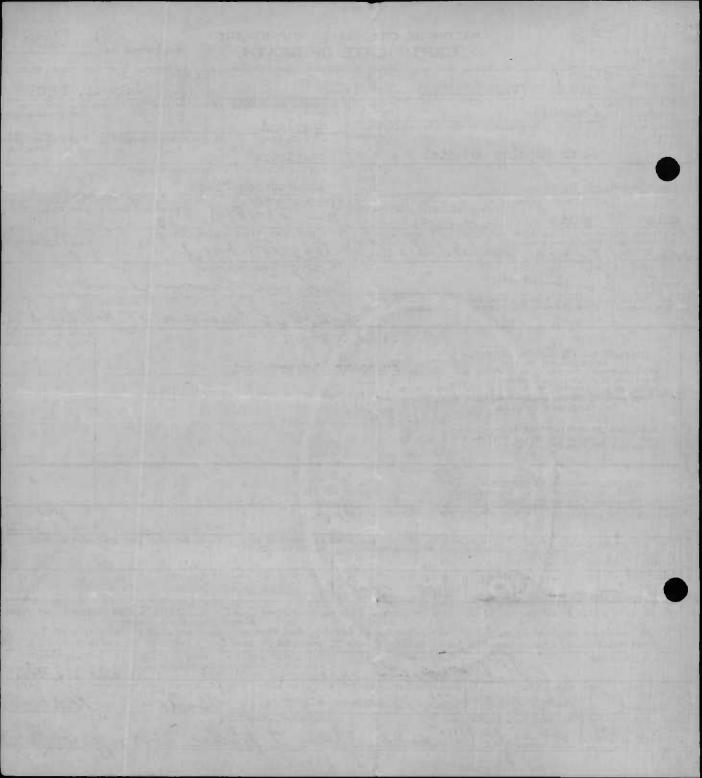
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CERTIFICATE OF DEATH

Registered No. BIRTH NO. 1. NAME OF DECEASED 1. NAME (Type or Print) Ceovie 2. DATE OF NovberT Handuer DEATH OL 4. USUAL RESIDENCE (Where deceased lived. finstitution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 2929 monument st · A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years 8. DATE OF BIRTH It Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Flie Dapt. Capt. tiveman ma. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RNUY Ka thevine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no nr unknown) (If yes, give war or dates of service) SECURITY NO No N. Dayison NITSCH 615 1 4 1 1 1 CL INTERVAL BETWEEN 18. 331X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION EDICA 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in mr 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT AT WORK WORK hat I last saw the Contas is 19 0. to_ 22. I hereby certify that I attended the deceased from_ 19 V D. and that death occurred at 11.20 deceased alive on m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A, BURIAL, CREMA-TION, REMOVAL (Specify) Burn DATE RECEIVED BY FUNERAL DIRECTOR (ADDRESS LOCAL REGISTRAR



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15	34	62	50		AI TIMODE	CITY UE	ALTH DEPARTMENT		50 0000
	50	OF	30				E OF DEATH	Registere	d No.
-	RTH NO.				CERT	IFICATI	OF DEATH		
	NAME OF	(+)		/ TT & B1 (D.T.)	200 000	77.43777.77	rano	2. DATE	
	PLACE OF	<u> </u>	DWARD	(VAN DEL	BERGER)	VANDIV		DEATH JU	ily 14, 1950
			Maryland				4. USUAL RESIDENCE (W	here deceased lived B. COUNTY	. If institution : residence before admission
	FULL NAI		('f not in h	ospital or inst	tution, give str	eet address or location)	Maryland		
	STITUTIO	N _	abaa Ua	mleta - Ua		Tocation)		outside corporate li	mits, write RURAL and giv
	-		onns no	pkins Ho	spital	X7	Baltimore D. STREET ADDRESS (If	6-	0.2
	Tanada	C -1	· D 11:			Yrs. Mos.		rural, give location)	
	SEX		in Baltimo		GLE, MARRIE	Days	122 Jackson Pl	ace 9. AGE (in years	If Under 1 Year If Under 24 House
	male		white	WID	mole in our		Jan. 28-1890	last birthday)	Months Days Hours Min
10	A. USUAL	OCCUP	ATION (Give)	ind of 10B. KI	ND OF BUSI	NESS OR	1. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
1	heet	Met	il Work	in fairf	reld Shy	pyard	Valler. 4	r.d.	WHAT COUNTRY
13	FATHER	SNAME	- 1			0	14. MOTHER'S MAIDEN N	ME	^
	ohn	V	ande	veer			Catherine 61	umm gh	an
X.	. WAS DEC!	wn) (I	ER IN U. S. A	RMED FORCES or dates of service)		JRITY NO.	17. INFORMANT		ADDRESS 3 4. Belmonda
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		02	I			CAUSE	OF DEATH		ONSET AND DEAT
		LE	ADING TO			Pulmone	ary tuberculosis		
	heart i	ailure, a	sthenia, etc. I	ode of dying, t means the dis	ease,	A ULLINOTTO	ary cuberculosis	***************************************	
	injury	or com	plication wh	ich caused de	ath.) DUE	то			
		ANT	ECEDENT	CAUSES					
Z	DISEA	SES OR	CONDITIO	NS, IF ANY, GI		***************************************	***************************************	••••••••••••	***************************************
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RTIFICATION					(C)	***************************************			•••••••••••••••••••••••••••••••••••••••
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RT	TRIBUT	TING TO	THE DEATH.	BUT NOT REL	ATED				
CE				TION CAUSING	OR FINDING	S OF OPER	ATION		20. AUTOPSY?
٦	ISA. DAT	E OF O	PERATION	108, 117,0	ok imbine	0 01 01 211			YES NO X
DICA	UNDERLY	ING []	CAUSE WA OR CONT SE OF DE	RIB- about hor	LACE OF IN.	JURY (e. g., in treet, office bldg., e	or 21c. WHERE DID (I	f in Baltimore Cit,	y, give exact location)
ME	21p. TIM	E (Mon	th) (Day) (21E. INJUF	RY OCCURRE	21F. HOW DID INJURY	OCCUR?	
K	וחרמו	RY		nı	WHILE AT WORK	NOT WHILE			
	22. 1 cc	rtify ti	hat I took	charge of t	he remains	described a	bove, held an Inquiry	& Inspecti	on thereon and from
	the and	eviden death	ce obtained	l by said A	utopsy, Insp d from: nat	eetion or I	nquiry, find that said de \(\mathbb{Z}\), accident \(\Bar{\bar{\pi}}\), suicide	reeased died on	the day stated above
	23A. SIG			124	K. 0		23B. CHIEF MEDICAL I	EXAMINER	23c. DATE SIGNED
2	AA. BURIA	COEM	A.1 345 DA	y MI	LAG NAME		D. MEDICAL INVESTIGAT	OR	July 15, 1950 wn, or county) (State)
	N. REMOVA	L (Specif		18/50	Toly 1	Redeem		Balto.	Md.
	ATE RECE		REGIST	RAR'S SIGNA	TURE	44.	25. FUNERAL DIRECTOR	10	ADDRESS
I	111 18	1950	Him	tivator	Volliance	ME	John a. Mell	w 2334	Jeffer SV.
V	S 151		D. N.	. 6	発表を表していませた	50	7130	0	136



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В	IRTH NO.		CERTI	FICATI	E OF DEATH	reconstitut it	
	NAME OF D		therine W. Te	wksbi	nv	2. DATE OF DEATH 7-1	7-50
A.		City, Maryland 64	20 Reistenston	W n Road	4. USUAL RESIDENCE		nstitution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION		al or institution, give stre	location)	C. CITY OR TOWN (I	f outside corporate limits	, write RURAL and give
1	0	The Seton	Institute		D. STREET ADDRESS (II	f rural, give location)	township)
c.	Length of	stay in Baltimore		Yrs. Mos. Days			
5.	SEX F	6. COLOR DR RACE	7. SINGLE, MARRIEL WIDOWED, DIVOR	O. GED (Specify)	8. DATE OF BIRTH 7 1876		Under 1 Year A Under 24 Hours hths Days Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	TOR KIND OF BUSIN	1	11. BIRTHPLACE (State or 1	1	12. CITIZEN OF WHAT COUNTRY
	Pract	ical Nurse	wone	INDOSTRI	Massach	usetts	U.S.A.
13	FATHER'S	2 0			14. MOTHER'S MAIDEN N		
10	S. WAS DECEAS	ED EVER IN U. S. ARMEI	PEN OW 16. SOCI	Al		NOVYN	
(Ye	e, no or unknown)	(If yes, give war or date		IRITY NO.	The Seton In	stitute-6426Rei	isterstown 124 Bah
	18. 446	S X		CAUSE	OF DEATH		INTERVAL BETWEEN DNSET AND DEATH
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	heart fail	s not mean the mode oure, asthenia, etc. It mes complication which	of dying, e.g., (A)	D	nema		
	ANTECEDENT CAUSES						
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1 L	19A. DATE	OF OPERATION O	9B. MAJOR FINDING	S OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLACE OF IN- about home, farm, factory, at			(If in Baltimore City, g	ive exact location)
ME							
	D. TIME INJURY	(Month) (Day) (Year)	(Hour) 21E. INJUR	NOT WHILE		RY OCCUR?	
	22. I herel	by certify that I att	ended the deceased	from m	ar .9, 1941, to	uly 17, , 1917	that I last saw the
	deceased a	live on July 1/	_, 19 56 , and that o	death occur	rred at 2 - a.m., from	the kauses and on th	e date stated above.
	23A. SIGN	to next	Lens! lus	M. b.	6K20 Ruskers	fount of	7/17/50
2. TI	AA. BURIAE		8.50 7981	PAH	RY DR CREMATORY 24D. I	Bullo M	or county) (State)
DI	ATE RECEIVE	930 REGISTRAR	S SIGNATURE	LIME	25. FUNERAL DIRECTOR	Joseph .	ADDRESS
_	VS 150	5770	on a state of the	50	184 0 0		1310
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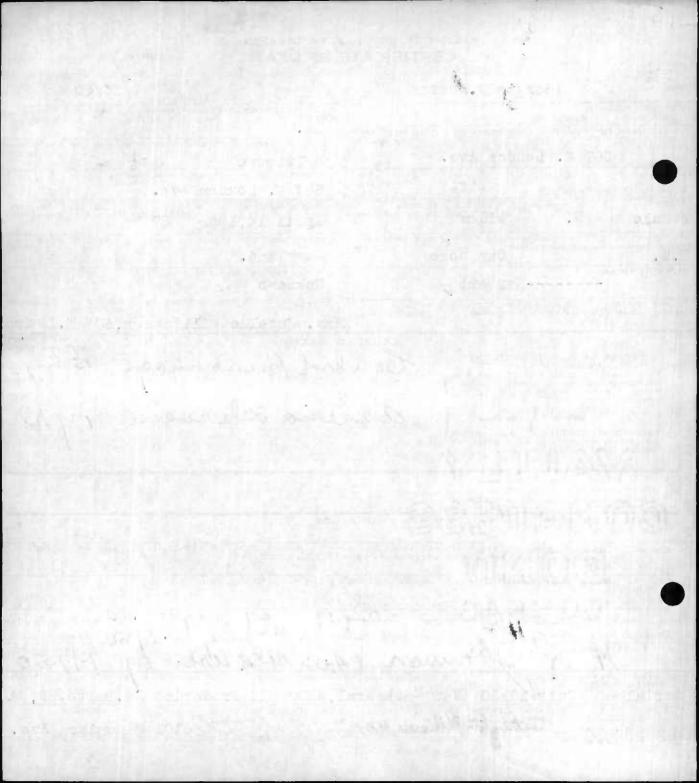
BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	CERTIFICAT	E OF DEATH Regist	ered No	
1. NAME OF DECEASED GEORS:	ie F. Bevan	2. DATE OF DEATH	7/15/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased I		
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 607 N. LOUG	al or institution, give street address or location) lon Ave.			
c. Length of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give located to the first street of t	tion)	
Female 6.COLOR OR RACE	7. SINGLE, MARRIED,	April 14,1863 9. AGE (in y	ears if Under 1 Year I Under 24 Hours Ain.	
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	Own Home	11. BIRTHPLACE (State or foreign country) Maryland.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	erbert	14. MOTHER'S MAIDEN NAME UNKNOWN	STARCE HE NO	
15. WAS DECEASED EVER IN U.S. ARMEI Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Estelle Williams	ADDRESS Son, 607 N. Loudon	
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which of the complex of th	of dying, e. g., (A) (A) OFF (B) OFF (B) OFF (B) OFF (B) OFF (B) OFF (C)	terio sclerosi	2 14N	
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
0	218. PLACE OF INJURY (e. g., i		YES NO City, give exact location)	
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.,		City, give exact location)	
D. TIME (Month) (Day) (Year)	m. WHILE AT NOT WHILE		~	
deceased alive on 23A. SIGNATURE	nded the deceased from L. and that death occur	1 11 20 0 11 1/0	that I last saw the dot of date stated above.	
24A. BURIAL CREMA- 24B DATE	24c. NAME OF CEMETE	403 M-LA WILL I		
Burial July/18 DATE RECEIVED BY REGISTRAR	3/50 New Cathedra	35. FUNERAL DIRECTOR	Rd Balto 29, Md.	
30 0 330	ington Miliane, M. J.	arry H. leitzke 4101	Edmondson Ave.	
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF EORGIA no DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR YOWN (If outside corporate limits, write RURAL and give INSTITUTION township) EKKAREE TIMORE Yrs. (If rural, give location) D. STREET ADDRESS Mos. 35 VRS. c. Length of stay in Baltimore 2403 SEA Davs 7. SINGLE, MARRIED 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Midow . 10 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY 404SEWIFE OME 13. FATHER'S NAME ACKSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) | SECURITY NO. 2403 ChELSEA NONE NONE 0 INTERVAL BETWEEN 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA YES 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) ebout home, ferm, fectory, etreet, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK 19 50 that I last saw the 22. I hereby certify that I attended the deceased from 19.50, and that death occurred at 30Pm., from the causes and on the date stated above. deceased alive on 234 SIGNATURE 238. ADDRESS 23d. DATE SIGNED BURIAL CREMA-TION REMOVAL (Specify) 19,1950 JURIA ORRAINE DATE RECEIVED BY REGISTRAR'S SIGNATURE

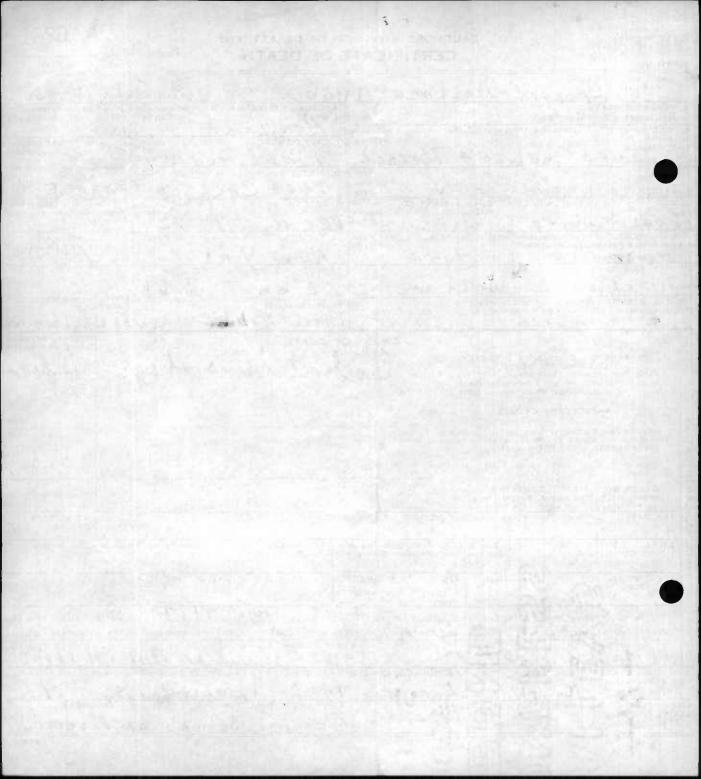
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LOCAL REGISTRAR

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25. FUNERAL DIRECTOR



25. FUNERAL DIRECTOR

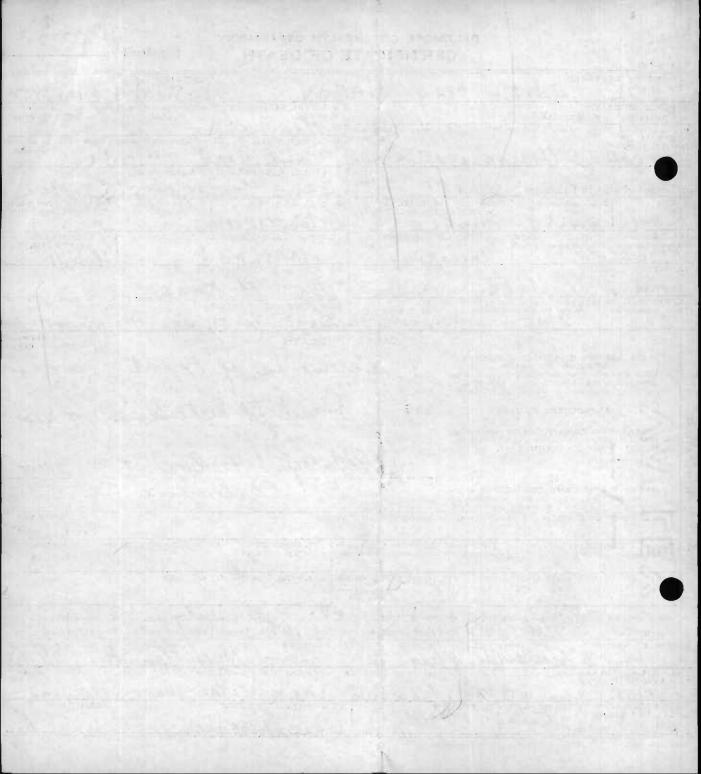
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LOCAL REGISTRAR

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DATE RECEIVED BY

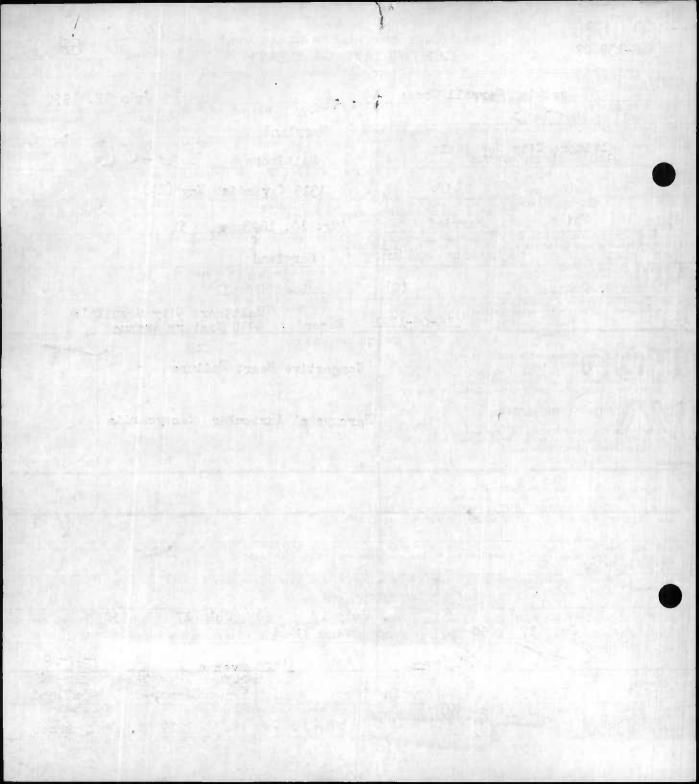


7. BI	NEA-1:	6263 39807			EALTH DEPARTMEN	NT JUL 1819 Registered	50 50 6263
	NAME OF D		Carroll Cross			2. DATE OF DEATH July	7 17. 1950
B. H.	FULL NAME	City, Maryland	al or institution, give street a Hospitals	ddress or location)	A. USUAL RESIDENCE A. STATE Maryland C. CITY OR TOWN	(Where deceased lived, B. COUNTY	
C.		tay in Baltimore	Life 7. SINGLE, MARRIED.	Yrs. Mos. Days	Baltimore D. STREET ADDRESS 1313 Cavendi 8. DATE OF BIRTH	sh Way (24)	If Under I Year If Under 24 Hours
work	Machinis		Married 108. KIND OF BUSINESS Canning Machin	5 OR	Aug. 10, 1898 II. BIRTHPLACE (State of Maryland	51	Months Days Hours Min.
		G. Cross	(D)		Pricey Kidwe		(D)
(X ea	, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dated	of service) 16. SOCIAL SECURIT	Y NO.	17. INFORMANTBalt Records: 4940	imore City Hos Eastern Avenu	Appeals le
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT	H f dying, e. g., (A)	••••••	ngestive Heart	1	13
U		F OPERATION 1	9B. MAJOR FINDINGS O	F OPER	ATION		20. AUTOPSY7
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location injury occur? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from July 17, 1950, to July 17, 1950, that I last sat deceased alive on July 17, 1950 and that death occurred at 3:454 m., from the causes and on the date stated of 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNATURE 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR?						
TIC	burial (S	7/20/50	Lorrain		rk 25. FUNERAL DIRECTO	Woodlawn,	Maryland Address
	CAL REGIST	950	water Hilliams	14/4/	Nm. Cook, In	c. 1217 St.	Paul Street

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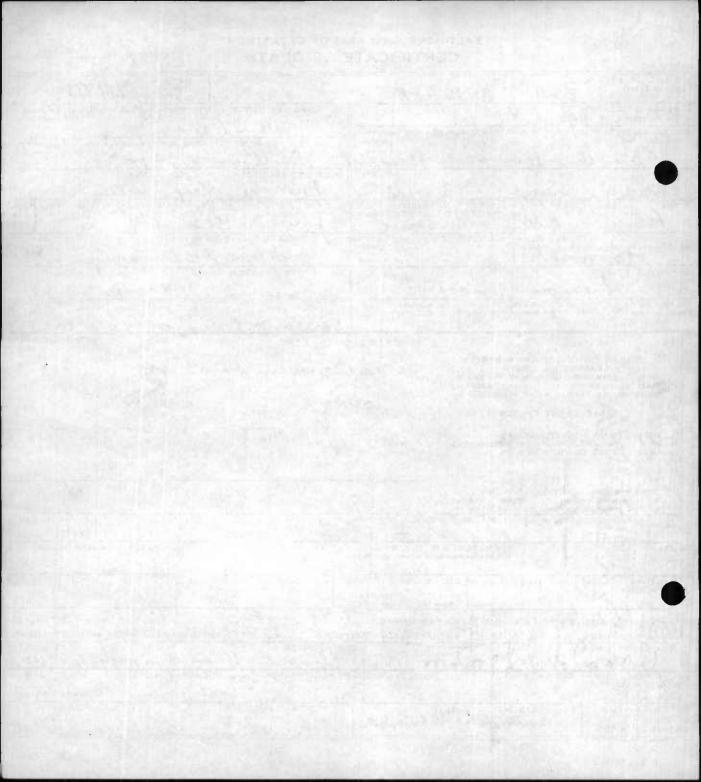


50 6264

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6264 egistered No. 6264

	RTH NO.			CERTIFICAT	E OF DEATH	Register	ed No	0004
1.	NAME OF D pe or Print)	ECEASED FVA	RR	IE GER.		2. DATE OF	4/1	7/50.
	PLACE OF D Baltimore (1	IL OCK	4. USUAL RESIDENCE (DEATH Where deceased live B. COUNT		ution: residence before admission)
B. F	SPITAL OR STITUTION		pital or institut	ion, give street address of location		If outside corporate	limits, writ	te RURAL and give township)
c. :	Length of s	tay in Baltimore		3 Mrs. Days	D. STREET ADDRESS (I	f rural, give location	Hour	
5.	F.	6. COLOR OR RAC	WIDOW	E, MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In year last birthday)		Year Hours Min.
10/	dnneduring mest o	CUPATION (Give kind of working life, even if fetir	lof 108. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)		WHAT COUNTRY?
13.	FATHER'S N		Co	enser	14. MOTHER'S MAIDEN N	Wai Wai	-	
15. Yes,	WAS DECEASE no or unknown)	D EVER IN U. S. ARM	TED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	0 '	ADDRE	iss 1
1	18. / 7	5×.		CAUSE	OF DEATH	Brieger.		NTERVAL BETWEEN
	(This does heart failu	SE OR CONDITIO LEADING TO DI s not mean the mod ire, asthenia, etc. It n complication which	EATH e of dying, e. : neans the diseas	g., (A)se,	us carem ou	ia of		
CALION	RISE TO T	ANTECEDENT CA S OR CONDITIONS HE ABOVE CAUSE (YING CONDITION	, IF ANY, GIVII A) STATING T		<i>J</i> .			
KILL		II SIGNIFICANT CON TO THE DEATH, BI		N-				
ا 5	TO THE D	ISEASE OR CONDITI	ON CAUSING	т				••••••
AL.	19A, DATE C	OF OPERATION	19B, MAJOR	FINDINGS OF OPE				20. AUTOPSY?
EDI	HOMICIDE	ENT, SUICIDE, (Specify)	218. PL/ about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.		(lf in Baltimore C	ity, give e	xact location)
2	INJURY	(Month) (Day) (Ye		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?		
	22. I hereb	y certify that I d	attended the	deceased from and that death occu	7. 9. 19 50to rred at 12.301. Grom	the causes and		at I last saw the
	234 SIGNA	n selal y	Jack.	M. O.	Elmer cle 140	nue + 19	topil	a 418/50
TIO	A. BURIAL, (S N. REMOVAL (S Cremate	specify) 7/18	1/50	Green M.	ount Cometing Ba	eterroce	, m,	aryland
DA	TE RECEIVE	D BY REGISTRA	THE SIGNATU	Williams, M.K.	Wim. Cooke A	MC. 1217A	lb. Pa	ul Street
	VS 150	,	was and the	AL CAMBRIDGE THE				



VS 150

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	0	いんりり		CERTIFICAT	E OF DEATH	Registered No		
-	RTH NO.							
1. (T	NAME OF DEC	EASED TILL	SIE	COA	HEN	2. DATE OF DEATH 7-1	17-50	
Α.	PLACE OF DEA Baltimore Cit;	y, Maryland 2	47624	weley ave	4. USUAL RESIDENCE (V		stitution : residence before admission)	
B. HO IN	FULL NAME OF DSPITAL OR STITUTION	(If not in hospi	tal or instituti	on, give strell address of location		cutside corporate liplits,	vrite RUKAL and give flownship)	
-	110	arn	rel 1	Your	Oalling	our "	· vtownship	
C.	Length of stay	v in Baltimore		Yo Mes	71. XI.	rural, give location)	live	
-		COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	1 9. AGE (In years li Un	nder I Year Hunder 24 Hours he Days Hours Min.	
10	A.ASUAL OCCU	PATION (Give kind o	I 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country! 1	2. CITIZEN OF	
worl	by the during most of we	orking life, even is retired		INDUSTRY			WHAT COUNTRY	
13	FATHER'S NAM	ME			14 MOTHER'S MAIDEN N	AME		
15	WAS DECEASED	EVER IN U.S. ARME	D FORCES	16. SOCIAL	101			
(Ye	, no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.	Max Coheer	1614 Kuy	flow Cos	
	18.260	X		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE	OR CONDITION	DIRECTLY		1 4	101	ONSET AND DEATH	
	(This does not mean the mode of dying, e.g., (A) Dralleter-mestitus							
	heart failure,	asthenia, etc. It me	ans the disease	e,		A CONTRACTOR OF THE PARTY OF TH	23 1/24	
	injury or co	omplication which	caused death.	.) DUE TO				
7	1A	NTECEDENT CAU	SES					
ō	DISEASES OR CONDITIONS, IF ANY, GIVING							
H	RISE TO THE	ABOVE CAUSE (A) STATING TH	E DUE TO				
S								
7IF		II		(C)				
OTHER SIGNIFICANT CONDITIONS CON-						الم الم	1-6 monts	
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						1 - 6 / 10 / 1	
	19A. DATE OF	OPERATION	19B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?	
Y						7	YES NO	
EDICAL	HOMICIDE	r, suicide, (Specify)		CE OF INJURY (e. g., arm,factory,street,office bldg.		If in Baltimore City, giv	ve exact location)	
E . TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
	INJURY WHILE AT NOT WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from March -5, 1950, to July - 17 -, 1950 that I last saw th							
	deceased alive on why -16-1950, and that death occurred at 2 /m., from the causes and on the date stated above							
	23A. SIGNATUI				23B. ADDRESS	20	23c. DATE SIGNED	
		DZ. Herr	man &	leigel M. D.	2404 EWI	au Pl.	7/18/50	
24	BURIAL CRE	MA- 248. DATE	- 2	44 NAME OF CEMET	RY OF CHEMATORY 240. L	OCATION Way, town, or	county) (State)	
1	Muni	07-18.	-50 K	Horses Ill	Carmel	Huto	Mo	
	ATE RECEIVED		's SIGNATU	身 ト ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	26. FUNERAL DIRECTOR		ADDRESS	
140	CAL 8 1950	IN THE PROPERTY OF	ASSASTA / YE	Glimmen ME	WPK Leines De	4 ZIONE	MITOUR 16	

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6266

BALTIMORE CITY HEALTH DEPARTMENT

50 6266

Registered No.

BIRTH NO.									
r)	NAME OF D ype or Print)	10	RRIS	Woh	F	2. DA O DE	FATH -	17- 5	0
	Baltimore (EATH: City, Maryland			4. USUAL RESID	DENCE (Where dee	cased lived. If		idence idmission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hosp	oital or institution, g	rive street address or location)		N (If outside o	corporate li hi	Write RURA	(ar give
(O N	100 Dels	Urlowa	, road	Male	amor	- 1	1	
-		tay in Baltimore	Ke	Yrs. Mos. Days	3900 K	eisterl	own	Koa	d
5	ala	White		DIVORCED Specify	8. DATE OF BIRT			il Under l Year H t onths Days Ho	inder 24 Hours urs Min.
10		CUPATION (Give kind of working life, even if retire	of 14B. KIND OF	BUSINESS OR	11. BIRTY CLACE	State or foreign co	Mil	12. CITIZEN WHAT C	OF OUNTRY?
13	ATHER S N	NOME	Duy 1. 10	as affer	14 MOTHER'S M	AIDEN NAME	ma		
	Laco	L		//	Muna				
Y's	5. WAS DECEASI	ED EVER IN U.S. ARM (If yes, give war or de	ED FORCES? 16 stee of service)	SOCIAL SECURITY NO.	COLL /	roll	_ A	DIPRESS	
-	18. 42	43.		CAUSE	OF DEATH	0		INTERVAL ONSET AN	BETWEEN
	DISEAS	SE OR CONDITION LEADING TO DE	N DIRECTLY	0				0	DEATH
	heart failt	not mean the mode are, asthenia, etc. It m complication which	e of dying, e.g., leans the disease,	DUE TO Cord	enoray	toply + 7.	uleur	Jon	1950
		190 100 110 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
NO	ANTECEDENT CAUSES (B) Aution — DISEASES OR CONDITIONS, IF ANY, GIVING								
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
FIC				(C)					
RTI	OTHER SIGNIFICANT CONDITIONS CON-							WE II	
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						1.00.411		
AL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION						YES YES	NO	
EDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, etreet, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							tion)	
Σ	TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?								
	m. WHILE AT NOT WHILE AT WORK AT WORK								
	22. I hereby certify that I attended the deceased from the 27, 1948, to July 17, 1950 that I last saw the deceased alive on July 17, 1950 and that death occurred at 125 fem., from the causes and on the date stated above								
	deceased a	THE O			23B. ADDRESS	4		1235 DATE	SIGNED
	Ker	we di l'on		м. о.	37001	ash Heey		Jelly 17,1	450
TI I	BURIAL, OF REMOVAL (F	7-/8	-45 HE	Source of CEMETE	every L	W LOCATIO	N (City, toy)	clto	Md
בום	ATE RECEIVE	D BY REGISTRA	R'S SIGNATURE	nous, M. M.	Lack Lee	UN ME.	2100	Octor	o Pe
	VS 150	See All Control		A BONE OF L	90			950	
		are a service of the		0000	6	1)		10	

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BALTIMORE CITY HEALTH DEPARTMENT 6267 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DSCAR MAAS (Type or Print) DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A LTO MB A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give C. CITY OR TOWN PAUL NURSING HUME Yrs.

RUAS FRANKE

16. SOCIAL

DUE TO

(B)

DUE TO

(C)

Mos.

Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside corporate imit write RURAL and give (If rural, give location) If Under 24 Hours aspiroday) Mochs D. Hours Min. E (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS 4015. MOUNTST INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? , 19 0 16, 1950 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED

21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE 22. I hereby certify that I attended the deceased from deceased alive on 7-13, 19. and that death occurred at 1 234 SIGNATURE 238. ADDRESS BIAL CREMA- 248 D 246. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) AL (Specify) OCKUALE REGISTRAR'S SIGNATURE

VS 150

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Givekind of

32

eriog most of working life, even If retired)

6. COLOR OR RACE

EVER IN U. S. ARMED FORCES?

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

5. SEX

15. WAS DECEASED

(Yes, no or unknown)

18.

EDICAL

SSCAR MAAS am or A PART SWATER ON A PR 40 YRS ET /623 TEAMSEY CALL CONTRACT CONTRACT NO. VIMAMSAAN WIND TO WAR VINE IC NOVEN THE CALL STREET, STREE WHE TO BE END THE PROPERTY OF THE MAN

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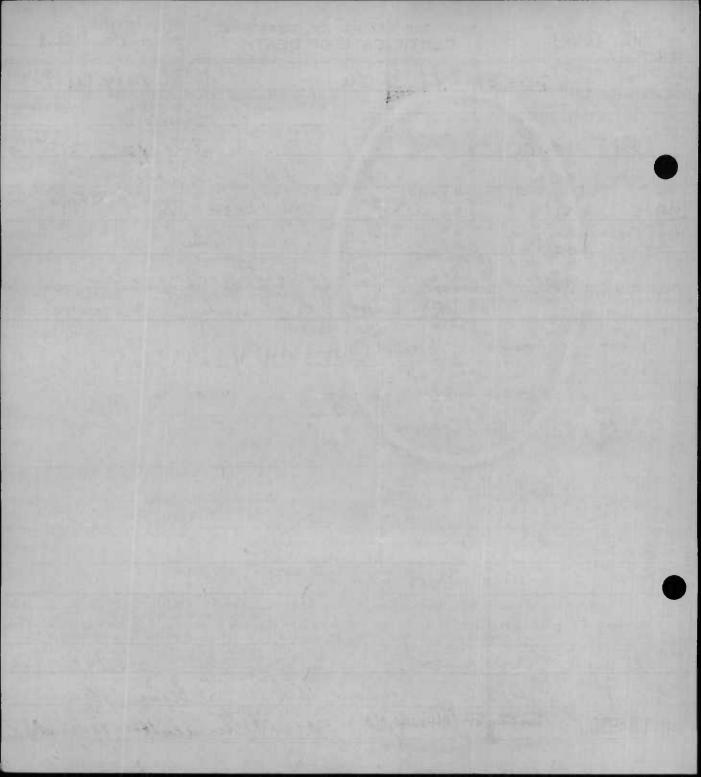
BALTIMORE CITY HEALTH DEPARTMENT

6268

В	RTH NO.	E OF DEATH
1.	NAME OF DECEASED ype or Print) C. FLETCHER THOMAS	2. DATE OF DEATH July 17 1950
A.	PLACE OF DEATH: Baltimore City, Maryland Balto.	4-USUAL RESIDENCE (Where deceased fived, If institution; residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION Nevery Hospital	c. CITY OF TOWN (If outside corporate fimits, write (IRAL and give township)
C.	Length of stay in Baltimore Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
8	hale, 6 COLOR OF RACE 7. SINGUE, MARRIED, WIDOWED, DIVORCED (Specify)	B DATE OF BIRTH D. AGE (In years If Under I Year Months Days Hours Min.
N.	A. USBAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR KOOP OUT MAN AND THE WORLD WITH A STAND OF BUSINESS OR INDUSTRY OF THE WORLD WITH A STAND	11. BIRTHELACE (State of foreign cluntry) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
1.5	WAS PECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mary Koberto.
(X e	(If yes, tive war or dates of service) 16. SOCIAL SECURITY NO.	ON howal Thomas 30 15 Tille ave
	16-1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	rain lymor or 5-6 week
H	injury or complication which caused death.) DUE TO	neephotics.
NO	ANTECEDENT CAUSES (B)	(7-000)
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
TFICA	(C)	
CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	erculoris :
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
EDICAL	21A. ACCIDENT. SUICIDE 21B. PLACE OF INJURY (e.gin- HOMICIDE /(Specify) about home farm, factory, street, office bldg. e.	n of 21c. WHERE DID (If in Baltimore City, give exact location)
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E. IN URY OCCURRI	
	m. WHILE AT NOT WHILE AT WORK	A 3 (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
H	deceased glive on that I attended the deceased from deceased glive on that I attended the deceased from deceased glive on that death occur	1990, to 1990, that I last saw the cred at 2 AM, from the couses and on the date stated above.
		36.30 Elkader Rd 23c. DATE SIGNED
71	AA. BURIAL, CREMA- ON REMOVAL Specify 24B. DATE 24c NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, br county) (State)
LO L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
=	VS 150	The state of the s
	763	0 T 10

actions finding - Dickmak, go, many Hay. CD report could The Energy, 7/21/50 Desumented The - lungs, uplean, history ate also see Donnert File 50-6268 Brain Tumor-malignant" 8.-24-50 Es

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland before admission) B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (Watural give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6 COLOR OR RACE 7. SINGLE MARRIED B. DATE OF 9. AGE (In years) If Under I Year | II Under 24 Hours last birthday | Months: Days | Hours | Min. BIRTH WIDOWED, DIVORCED (Specify) Murorcea 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 1 V/BIRTHPUACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if extred) INDUSTRY WHAT COUNTRY? Lilver smith Musun 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nukgown) (If yes, give war or dates of service) 18. SOCIAL ADDRESS (Yes, no or naknown) SECURIT ande CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Z, accident , suicide , homicide , undetermined . 238 CHIEF MEDICAL EXAMINER 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. M.D MEDICAL INVESTIGATOR CREMA-24B. DATE BURIAL. 24C. NAME 240. LOCATION (City, town, or equnty) TION, REPOVAL (Spatify) annal DATE RECEIVED BY APPRESS VS 151



BALTIMORE CITY HEALTH DEPARTMENT

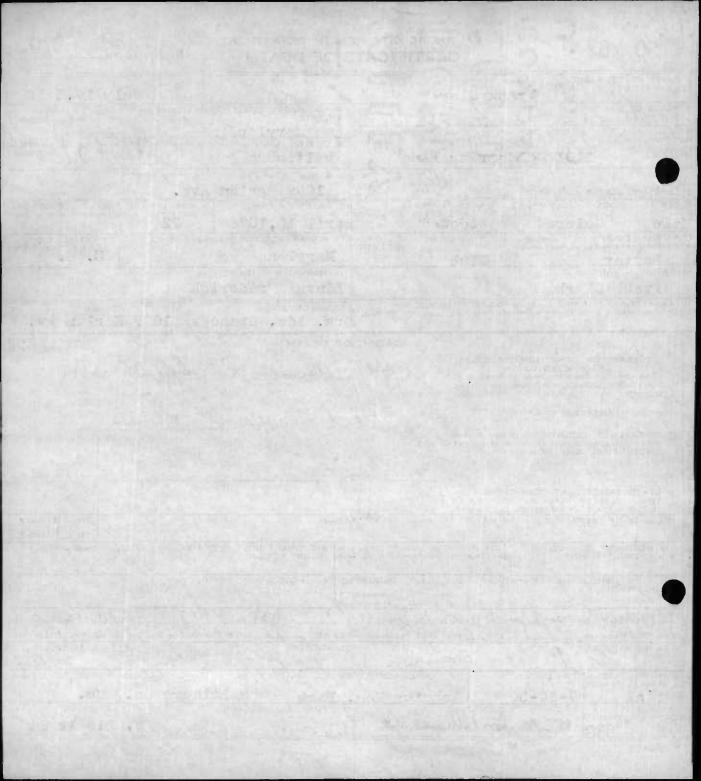
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IRTH NO.	Olf & O		CERTIFICATI	E OF DEATH	- Registered	110.	
NAME OF DE	CEASED				2. DATE		
Type or Print)	Fr	ank Cl	ark		OF Ju	ly 17,1950	
PLACE OF DE		111111111111111111111111111111111111111		4. USUAL RESIDE	NCE (Where deceased lived, In B. COUNTY	f institution; residence before admission	
		al or institut	ion, give street address or	Marvla		before admission,	
OSPITAL OR			location	C. CITY OR TOWN		ts, write RULAL and give	
2101 Coldspring Lane				Baltimore	e /6	5 - 0 township	
			Yrs.	D. STREET ADDRESS (If rural, give location)			
. Length of st	ay in Baltimore		Mos. Days	1009 Harlem Ave.			
sex Male	6.COLOR OR RACE	WIDOW	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH April 10,18	last birthday) M	Il under I Yeer If Under 24 Hours onths Days Hours Min.	
OA. USUAL OCC	UPATION (Give kind of	108. KIND	OF BUSINESS OR	The second secon	tate or foreign country)	12. CITIZEN OF	
Porte	working life, even if retired)	Clu	INDUSTRY	Maryland U. S. A			
3. FATHER'S N.		<u> </u>	0/	14. MOTHER'S MA	DEN NAME		
Frank	Clark			Laura Frederick			
5. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT ADDRESS			
es, he or unknown)	(11 yer, give wat of date	a or service)	SECURITY NO.	Mrs. Ida. Spencer 1009 Harlem Av.			
18. 44	1/4		CAUSE	OF DEATH		INTERVAL BETWEEN	
	E OR CONDITION	DIRECTLY	11	-0-	0 1	ONSET AND DEATH	
(This does	not mean the mode	TH of dving, e.	E. W. Hy	Derleusin	, Carry - Va	raclas	
heart failur	re, asthenia, etc. It mes complication which	ns the diseas	se, / //				
			61	11			
	ANTECEDENT CAUS	SES	ml like	alarce	arl Nem		
	OR CONDITIONS, I			* **** * * * * * * * * * * * * * * * *			
UNDERLY	ING CONDITION LA	AST.	10				
			10 We	are		1 mar	
OTHER SI	II IGNIFICANT COND	ITIONS CO				1	
TRIBUTING	TO THE GEATH, BUT	NOT RELATE	ED /				
			FINDINGS OF OPER	ATION		20. AUTOPSY?	
						YES NO	
21a. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	21B. PLA	ACE OF INJURY (e. g., i. farm, factory, street, office bldg.,	otc.) 21c. WHERE D	ID (If in Baltimore City, R?	give exact location)	
	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
INJURY		m.	WHILE AT NOT WHILE		1		
22. I hereby	y certify that I att		(4	17 1957	to ///) 19J	that I last saw th	
	1 / / 1		and that death oecil		from the causes and on t		
23A, SIGNAT				3B. ADDRESS	11 / / +	23c. DATE SIGNED	
1	11.1 46	cope	M. D.	1000	11 Malera Ho	1 4 7/18/50	
4A. BURIAL, C	REMA: 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (City, town		
Burist	7-20-5		Arbutus Mem		Baltimore Co.		
OCAL REGISTE	DAD	11 . 50 /	110 1100	25. FUNERAL DIR	/ / /	ADDRESS 578 W	
1111 1 2 4	OF O Heurita	ALLENA / XI	bleasted, Milk	MINATAR	10 Henry Ser No	Biddee St	

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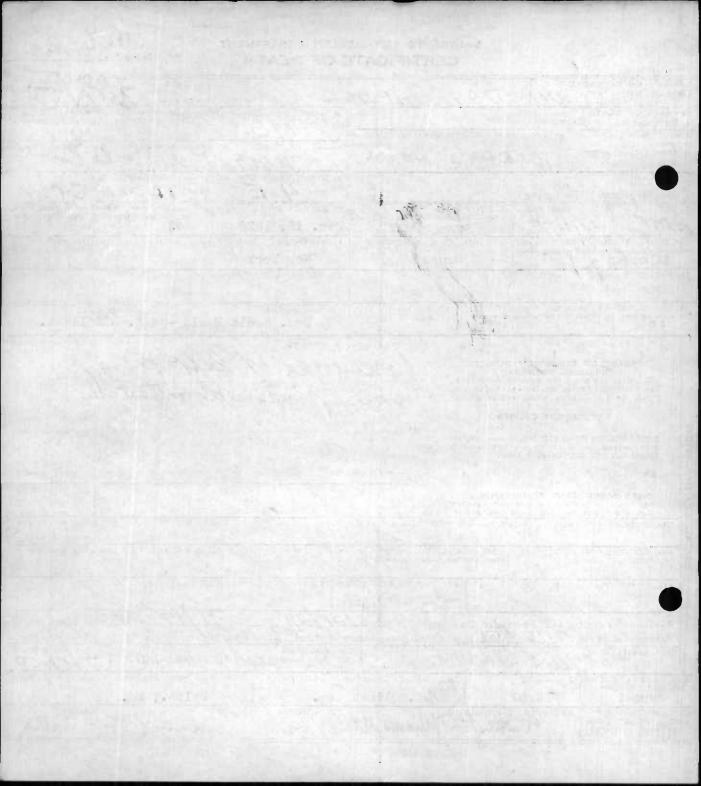
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В	50 RTH NO.	6271	DA	CERTIFICAT	E OF DEATH	Registered No	62/1
	NAME OF D				2	OF J.J. 10	1050
	PLACE OF D	JAMES J. FO	GARTY		4. USUAL RESIDENCE (Where	DEATH OULY L/	
Α.	Baltimore (City, Maryland			A. STATE	B. COUNTY	hefore admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	tion, give street address or location)		side corporate limits, wri	te MIRAL and give
IN	ISTITUTION	St. Joseph'	s Hosni	ital	Baltimore	9-0	township
			JJ.D.	Yrs.	D. STREET ADDRESS (If rura	al, give location)	0
C.	Length of s	tay in Baltimore		Mos. Days	1013 Bonaparte	Avenue	
-	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH 9.	AGE (In years H Under]	Year It Under 24 Hours
	male	white		VED, DIVORCED (Specify) arried	Aug. 1, 1901	last birthday) Months	Days Hours: Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or foreig		CITIZEN OF
1101	Polic		Baltin	more City	Baltimore, Mary	land	WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NAME		
	James	J. Fogarty			Anna A. McKewen		
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	ss
,				J SECONITI NO.	Mary O. Fogarty	1013 Bonapar	te Avenue
CERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA' Inc. asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA GIGNIFICANT CONDITION IS TO THE DEATH, BUT ISEASE OR CONDITION	TH of dying, e, ns the disease aused death SES F ANY, GIVII STATING TIST. TIONS COLONOT RELAT.	(B)	osclerotic cardiovas		DNSET AND DEATH
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		Baltimore City, give es	xact location)
Σ	21b. TIME ((Momth) (Day) (Year)		21E. INJURY OCCURRING WHILE AT WORK AT WORK	21F. HOW DID INJURY OF	CCUR?	
	the evi	idence obtained by ath in my opinion	said Auto	opsy, Inspection or I from: natural causes	bove, held an Inquiry & Autopsy, Inspiration, find that said decease A, accident D, suicide D, assistant medical exalest. Medical investigator	nection or Inquiry used died on the da homicide, undete	y stated above ermined . TE SIGNED
2.4 T/	REMOVAL (S	PREMA: 248 DATE	50	Lew Cati		CION (City, town, or cou	
LC	ATE RECEIVE	BY REGISTRAR	S SIGNATU	and My	OFRAB.MU	lalter of	natta,
V	S 151	1 marin	THE STATE OF THE S	Management 17	393 7 0	9350	THE SE

THE RESIDENCE THE RESIDENCE AND ADDRESS OF THE PARTY OF T

3	0									,	
BIR	50 TH NO.	6278	2				EALTH DEPART		Registere		6272
	AME OF be or Print)	- 0	WIN	DAY	1 1	HEAL	20		2. DATE OF DEATH	7/1	7/50
	LACE OF		arvland				4. USUAL RESIDE	ENCE (Whe			tution : residence before admission)
B. F	ULL NAME	OF ()	f not in hospit	al or instituti	on, give stre		ML).	B. CODIVI		before admission)
	SPITAL OR TITUTION		JOS	EPH'	5 140	s A	c. CITY OR TOWN	(If our	tside corporate	Imits, w	township)
c. I	ength of	stay in 1	Baltimore			Yrs. Mos. Days	D. STREET ADDRE	ESS (If rur	al, give location B/DD	LE	57.
5. S	ME	6. COL	HITE	WIDOW	MARRIED ED, DIVORO ARRICA	CED (Specify)	Nov. 19, 18		last birthday)		Days Hours Min.
10A	USUAL O	CCUPATI	ON (Give kind of ife, even if retired)	10B. KIND	OF BUSIN	ESS OR	11. BIRTHPLACE (S	State or forei	ign country)	12.	CITIZEN OF WHAT COUNTRY
	Salesma		по, с чем и темтему	Γ	rugs	(W)	New Yor	k			WHAT COUNTRY
13.	?	NAME					14. MOTHER'S MA	LIDEN NAM	E		
15. Yes,	WAS DECEAS	SED EVER	IN U.S. ARMEI , give war or date	FORCES? s of service)	16, SOCIA SECUI	RITY NO.	17. INFORMANT Mrs. So:	nia Hea	ld - 4 E	. Bid	
RTIFICATION	heart fai injury o DISEAS RISE TO UNDER!	ANTEC ANTEC ES OR CO THE ABOV LYING CO	NG TO DEA an the mode of nia, etc. It mes ation which of EDENT CAUS ONDITIONS, I VE CAUSE (A) ONDITION L/	ins the diseaseaused death SES F ANY, GIVIN STATING TH	(B)	wit	sent	nedl	melas	tal	
OH CH			E DEATH, BUT								
-1	19a. DATE	OF OPER	ATION 1	9B. MAJOR	FINDINGS	OF OPER	ATION				20. AUTOPSY?
ED E	21A. ACCIE HOMICIDE			21B. PLA about home, f	CE OF INJ	URY (e. g., i	or 21c. WHERE D		n Baltimore Ci	ty, give	YES NO Execution)
Σ	INJURY		(Day) (Year)		VHILE AT WORK	Y OCCURR NOT WHILE AT WORK		NJURY C	OCCUR?		
	22. I here	by certif	fy that I att	ended the		-	2/50,19	, to 7	117/5	90, th	at I last saw the
	deceased	alive on_	7/16			leath occur		, from the	causes and o	n the d	late stated above.
	23A. SIGN	Lado	leus .	Surri	sti	M. D.	St. ADDRESS	phis	(dop	. 2	7/17/50
24A TION	Burial, Buria		24B. DATE 7/18/50	2			RY OR CREMATORY	_	ATION (City, to		ounty) (State)
DA	TE RECEIVE	ED BY	REGISTRAR	S SIGNATU	-	me W		RECTOR	ener t	-	DORESE DALLO
	VS 150		T', page	Kalin way	A A SA NA SA	49	06136	71		5	2a. md.

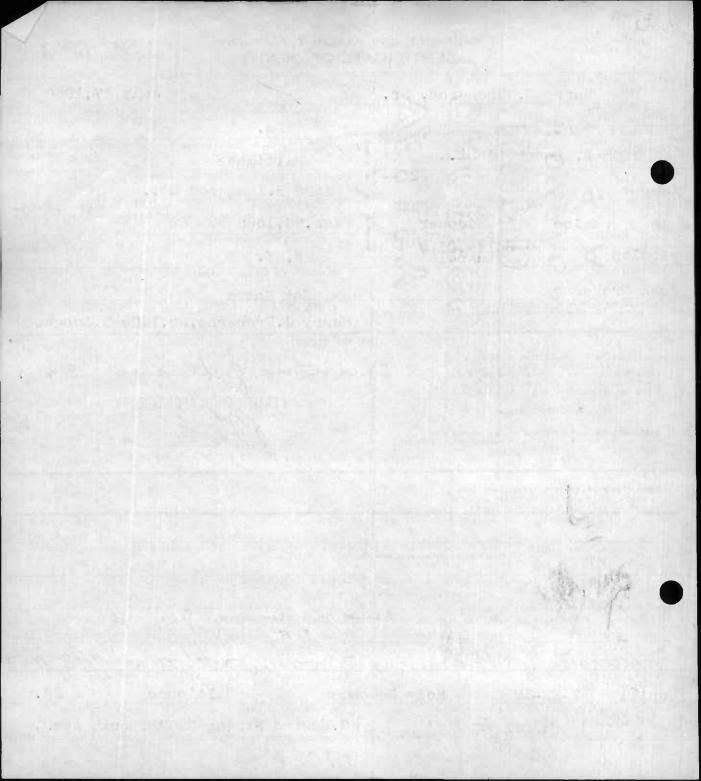


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Harry J. Treherne, Sr. OF July 17, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION 1605 N. Longwood St., Baltimore D. STREET ADDRESS (If rural, give location) 26 -- Yrs. c. Length of stay in Baltimore 1605 N. Longwood St. . Davs 5 SEX 6. COLOR OR RACE 9. AGE (In years of Under I Year last birthday) Months: Days 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify)
Widower Hours! Min. Mar.24,1888 Male 10A. USUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OR rork dope during most of working life, even if retired) Balto City INDUST US TOOLS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? N. Y. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Treherne Not Known 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Harry J. Treherne, Jr. 1605 N. Longwood CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO CERTIFICATION APPROVED BY ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CHIEF OR ASST. MEDICAL EXAMINER. (C) CERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT WORK AT WORK 22. I hereby certify that I attended the deceased framewal on agree ? . 1950 that I last saw the deceased alive on. , and that death occurred at 1: 17. m., from the causes and on the date stated above. 19_ 234 SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY Holy Redeemer Baltimore Md. Burial 7-19-1950 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

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G. Howard Strong 3207 W. North Ave. ,



6274 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MC CLELLAN OF ELESTE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MD. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location Yrs. D. STREET ADDRESS Mos. ELLERSLIE AVE c. Length of stay in Baltimore Days 9. AGE (In years | Il Under | Year | Il Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH 10A. USUAL OCCUPATION (Give kind of ) 11. BIRTHPLACE (State or foreign country)

INDUSTRY

13. FATHER'S NAME

work doneduring most of working life, even if retired)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.

16. SOCIAL

10B. KIND OF BUSINESS OR

SECURITY NO.

CAUSE OF DEATH

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF

WHAT COUNTRY U3A.

township)

injury or complication which caused death.) ANTECEDENT CAUSES

03.01

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION

DUE TO

DUE TO

RIGHT

21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID about bome, farm, factory, street, office bldg., etc.)

Home UD. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT

WORK

NOT WHILE

INJURY OCCUR? 3514 Ellerslie Avenue

21F. HOW DID INJURY OCCUR? FLOOR - SAME LEVEL

Slipped and fell to cellar floor

PRESONASSIZMEDICAL EXAMINEN

(If in Baltimore City, give exact location)

22. I hereby certify that I attended the deceased from 7 - / - 50, 1950, to 7-17-50, 1960, that I last saw the deceased alive on 7-17-50, and that death occurred at 10-450m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED

BURIAL CREMA-REMOVAL (Specify) BURIAL 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City town, or county) 24B. DATE 7-20+1950

Woodlawn

Woodlawn,

ECEIVED BY & REGISTRAR'S SIGNA

INJURY

21A. ACCIDENT, SUICIDE, Accident

EDICA

25. FUNERAL DIRECTOR

ADDRESS

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G. Howard Strong 3207 W. North Ave.,

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| HARAMATA VOLG growth Leaven Q                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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A. Baltimore City, Maryland

c. Length of stay in Baltimore

CERTIFICATE OF DEATH

| BI | RTH | N | Ο. |   |    |   |   |   |   |   |
|----|-----|---|----|---|----|---|---|---|---|---|
| _  |     | - |    |   |    | - | = | = | - | i |
| 1. | NAM | F | OF | D | FC | E | A | S | F | i |

3. PLACE OF DEATH:

B. FULL NAME OF HOSPITAL OR

INSTITUTION

(Yes, no or unknown)

5. SEX

(Type or Print) W. Furmyss Ronald

2. DATE

DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence BA COUNTY before admission)

(If not in hospital or institution, give street address or location)

DALISBURY

100m100 (If outside corporate limits, write RURAL and give

Mos. Days 7. SINGLE, MARRIED

Yrs.

D. STREET ADDRESS (If rural, give location)

If Under 1 Year last birthday) Months: Days Hours: Min.

6. COLOR OR RACE WIDOWED, DIVORCED (Specify)

SINGLE 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF

work done during most of working life, even if retired) NEVER W 13. FATHER'S NAME

(If yes, give war or dates of service)

LISBURY

613 BUENA VISTA SALISBURY

INTERVAL BETWEEN

ONSET AND DEATH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO.

18. DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

198, MAJOR FINDINGS OF OPERATION

Lymp hatre buhims

20. AUTOPSY?

21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)

19A. DATE OF OPERATION

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21B. PLACE OF INJURY (e. g., in or

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY

WORK

22. I hereby certify that I attended the deceased from\_

7/14

THE PROPERTY OF THE PARTY OF TH

1950 to 238. ADDRESS

deceased alive on 1/17 1950, and that death occurred at 41:45 mm., from the causes and on the date stated above, 23C. DATE SIGNED

7//7 , 1950, that I last saw the

(If in Baltimore City, give exact location)

23A. SIGNATURE BUMIAL. CREMA-24B, DATE

NAME OF CEMETERY OR CREMATORY 24D.

LOCATION (City, town, or county)

DATE RECEIVED BY

TION REMOVAL (Specify)

EDICAL

25. FUNERAL DIRECTOR

Miles Land Comment 1949 1176 1 118 LUCKER VISTA 80 J. 1 5491 5 551 SHEETER STATE DEVEK LEVERED MINESTER EXERCISE AM PASSILLA Server Comment store alleaning line the election that at many the Harmer Later Comment of the

Registered No. BALTIMORE CITY HEALTH DEPARTMENT 6276 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) Curtis C. Winston CLATRE July 15, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Balto City

B. FULL NAME OF Of not in hospital or institution, give street address or A. STATE B. COUNTY before admission) Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate fimits, write RURAL and give INSTITUTION Johns Hopkins Hospital Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mos. I3 Yrs. c. Length of stay in Baltimore 40 N. Caroline Street Days 6 COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years I Vader I Year I Under 24 Hours last birthday) Months; Days Hours; Min. 8. DATE OF BIRTH Female Colored 3/15/1914 36 11. BIRTHPLACE (State or foreign country) Married 10A, USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY U.S.A. North Carolinia Housewife At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Winston Lula Keith 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Solomon S. Curtis 40 n. Carolinia INTERVAL BETWEEN 022 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Syphilitic aortitis with dissecting heart failure, asthenia, etc. It means the disease. aneurysm of thoracic aorta XXXXXX injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION YES X 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WORK Autopsy 22. I certify that I took charge of the remains described above, held an \_ thereon and from

Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \), accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23B. CHIEF MEDICAL EXAMINER ..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR July 15, 1950

24C NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Brooklyn A.A.Co.Md. /18/1950 Mt Calvery Cem. Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE OCAL REGISTRAR

hoyo. Welson

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED Estelle Wilkerson William 5, 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURA), and give INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | M Under | Year | M Under 24 Mours | Months; Days | Hours : Min. 5. SEX 6. COLOR OR RACE 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTR' WHAT COUNTRY timore, had .. Toorsewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. rances miller. 1020W, Sarato INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION EDICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from May 26, 1950, to , 1950 that I last saw the 114, 1950, and that death occurred at 10:452 m., from the causes and on the date stated above. deceased alive on. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24C NAME OF CEMETERY OR CREMATORY 24D. COCATION (City, town, or county) BURIAL, CREMA-248. DATE FION, REMOVAL (Specify) 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

and applying the party and market in

Estrella Wilkerson William of the Mary 1800 and Barnetto Places 14 1808 PM a standard with the was a million wall break a

50 6278 REA-139462 BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Ida Arnett DEATH July 16, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate Imits, write RURAL and give township) 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 42 yrs. c. Length of stay in Baltimore 2217 Druid Hill Avenue Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Female Negro Widowed Nov. 15, 1896 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of workinglife, even if retired) INDUSTRY WHAT COUNTRY? POMESTIC Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harvey Washington Sally French 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospitals SECURITY NO. Records: 4940 Eastern Avenue 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Shock (A) heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES Acute Perphyria DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO

UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Acres Barrell words TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF GERATION

21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY

LOCAL REGISTRAR

WORK 22. I hereby certify that I attended the deceased from July 5 1950, to July 16, 1950, that I last saw the deceased alive on July 16 1950, and that death occurred at 9:504m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS

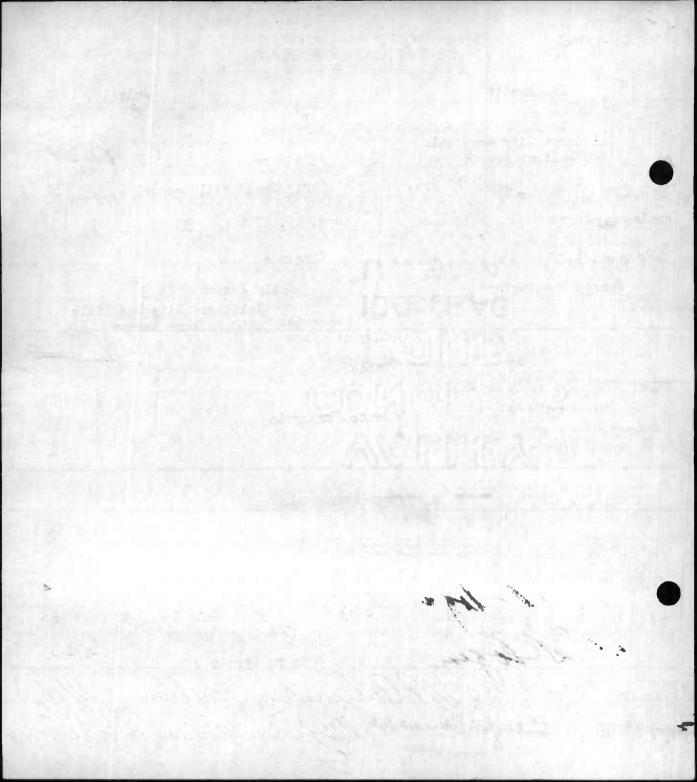
M. D. 4940 Eastern Avenue CEMETERY OR CREMATORY 24B, DATE 24D\_ GOCATION (City, town, or county) (State)

24A. BURIAL, CREMA-DATE RECEIVED BY

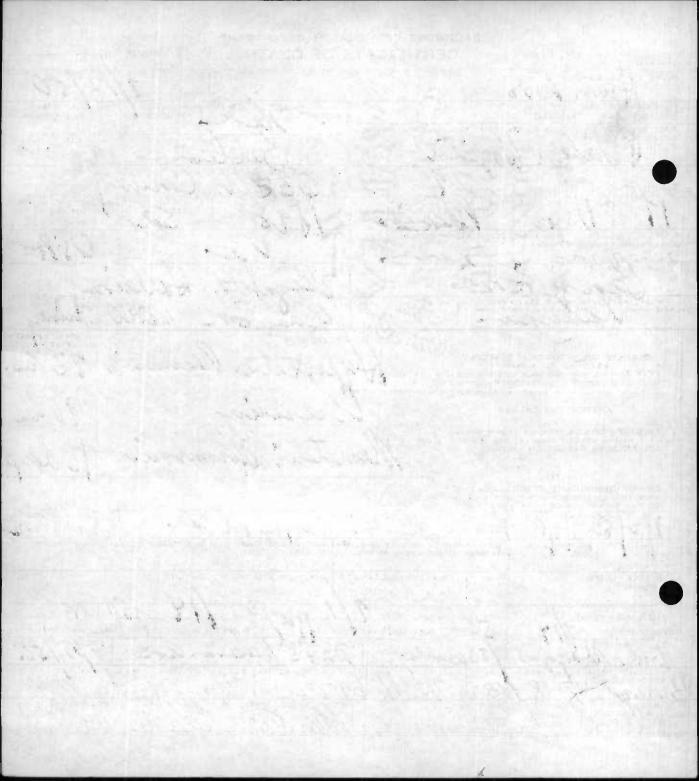
150 ""有别你没有我们的

20. AUTOPSY YES X

(If in Baltimore City, give exact location)



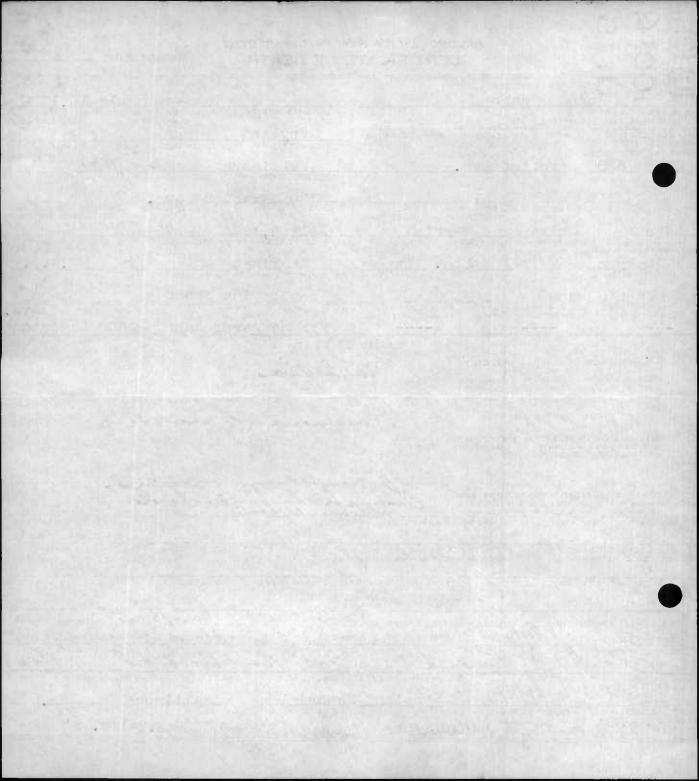
| 1          |                                                                                                                  | LOVE                          | • 50                                               | 6279                                  |
|------------|------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------|---------------------------------------|
| BI         | STH NO. 11 6279 CERTIFICATI                                                                                      | E OF DEATH                    | Registered No                                      |                                       |
|            | NAME OF DECEASED ASUS                                                                                            | .,                            | 2. DATE OF TIL                                     | (/80                                  |
|            | PLACE OF DEATH:<br>Baltimore City, Maryland                                                                      | 4. USUAL RESIDENCE (Wh        |                                                    | tion : residence<br>before admission) |
| HC         | FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION                      |                               | utside corporate limits, wr                        |                                       |
| 3          | Mindea Mejulal Yrs.                                                                                              | D. STREET ADDRESS, (If ru     | ural, give location)                               | - (toke mp)                           |
| c.         | Length of stay in Baltimore 29 Mos. Days                                                                         | 633W                          | musy                                               |                                       |
|            | SEL 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)                                              | 1898                          | 9. AGE (In years    Unor last bis (fidey)   Montas |                                       |
| work.      | A. USUAL OCCUPATION (Give kind of dope during most of working life, even if retired)                             | 11. BARTHPLACE (State or fore | eign country)   12.                                | WHAT COUNTRY?                         |
| 13         | FATHERS MAME                                                                                                     | 14. MOTHER'S MAIDEN NAM       | ME Halling                                         | ul                                    |
| 15<br>(Yee | WAS DECEASED EVER IN d. S. ARMED FORCES? , no or unknown) (1/ yes, No war or dates of service) SECURITY NO.      | 17. INFORMANT SIVE            | 653000                                             | may                                   |
|            | 18. TOON CAUSE                                                                                                   | OF DEATH                      |                                                    | INTERVAL BETWEEN                      |
|            | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)                  | yustite !                     | heunnes                                            | 72 hrs.                               |
|            | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                  |                               |                                                    | 0.1                                   |
| z          | ANTECEDENT CAUSES                                                                                                | rema                          |                                                    | 96 his                                |
| ATIO       | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | - t. H.                       |                                                    | 17 60                                 |
| IFICA      | (c)                                                                                                              | evenic our                    |                                                    | 16 amp                                |
| ERT        | OTHER SIGNIFICANT CONDITIONS CON-                                                                                |                               |                                                    |                                       |
| LC         | 194 DATE OF OPERATION 198 MAJOR FINDINGS OF OPER                                                                 | · / · · · // / (              | Wen !                                              | 20. AUTOPSY7                          |
| EDICAL     | 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., i                                                            |                               | in Baltimore City, give                            | exact location)                       |
| MEL        | HOMICIDE (Specify) about home, farm, factory, street, office bldg.,                                              |                               |                                                    |                                       |
|            | INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE                                         | ED 21F. HOW DID INJURY        | OCCURY                                             |                                       |
|            | 22. I hereby certify that I attended the deceased from                                                           | 1/ 1/201950, to //            | 12 ,12 0, th                                       | at I last saw the                     |
|            | deceased alive on 19 , 19 and that death occur                                                                   |                               | causes and on the de                               | ate stated above.                     |
|            | T. W. Hoggas / Ellalder M.O.                                                                                     | 2243 Maria                    | - ure 7                                            | 117/50                                |
| 5          | A. BURIAL, CREMA- 248 DATE 246 NAME OF CEMETE                                                                    | WOLLS                         | CATION (City, town, or or                          | (State)                               |
|            | TE RECEIVED BY REGISTRAR'S SIGNATURE                                                                             | 25 PHERAL DIRECTOR            | Polling 11.                                        | DRESS 329                             |
|            | VS 150                                                                                                           | 10                            | 1 -                                                | 2 1                                   |
|            | 199                                                                                                              | 05578                         | 10                                                 | 3                                     |



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| 20    |      |
|-------|------|
| 0     | 6280 |
| BIRTH | NO.  |

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF John Hahn DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3360 Leverton Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location Mos c. Length of stay in Baltimore 3300 Leverton Days 9. AGE (In years) 8. DATE OF BIRTH AGE (In years | M Under | Year | M Under 24 Heurs last birthday) | Months: Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) July 9,1875 75
11. BIRTHPLACE (State or foreign country) White Married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Naryland
14. MOTHER'S MAIDEN NAME itv aborer 13. FATHER'S NAME John Hahn Katherine Kennedy 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 3300 Leverton ---Mrs Margaret Hahn INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 20 AUTOPSY7 OPERATION MEDICAL (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 16 1950 that I last saw the 22. I hereby certify that Lattended the deceased from. 4/619 50 and that death governed dt\_ A.m., from the causes and on the date stated above. deceased alive on\_ 238. ADDRESS 23A. SIGNATURE 23C. DATE SIGNED 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) Burial Moreland emoria] ADDRESS DATE RECEIVED BY 35. FAUNERAL DIRECTOR LOCAL REGISTRAR 3000 E.Balto. St



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Katherine Malone DEATH July 15,1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore 2929 Dillon St. Yrs. D. STREET ADDRESS (If rural, give location) DATE OF BIRTH

9. AGE (In years If Under 1 Year last birthday)

Nonths: Days Hours Min. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Sept. 21,1875 75 White Single 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nicholas Johanna Lycette Malone 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs Teresa Marll 2929 Dillon St. none INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Carcumi of Colon T LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, metasteri to liver. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (c) arteriorchittie C. V. Denen. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE\_ (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 15. 1950, that I last saw the . 1948, to\_\_\_ Jan 22. I hereby certify that I attended the deceased from\_ deceased alive on 14, 1913 and that death occurred at 6 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23c. DATE SIGNED chemin

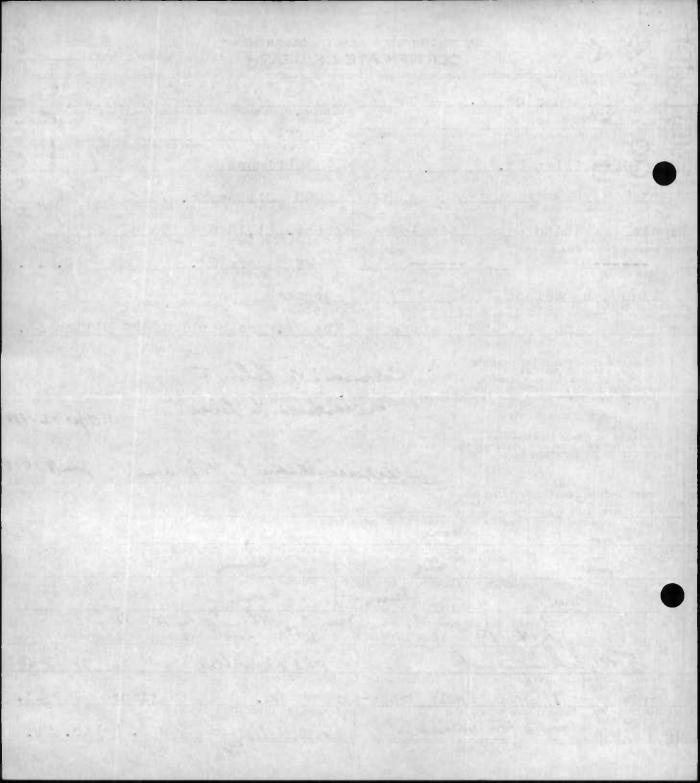
24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Baltimore Buria: 7/19/50 Holy Cross-Harford Rd.

ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Churchen Heliance, Mil 3000 E. Balto. St. ovan

VS 150 STATE OF THE PARTY OF THE PARTY

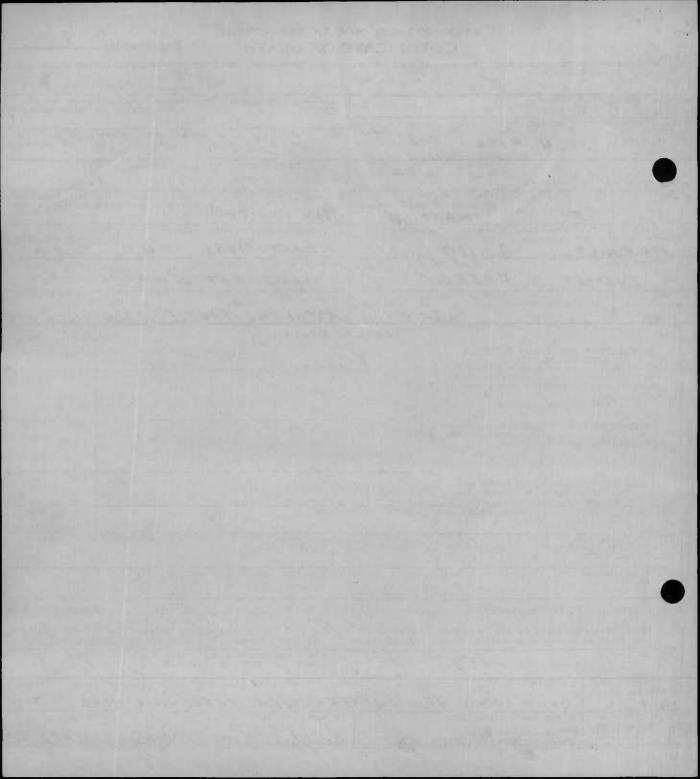


0....6282

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6282

| BI          | RTH NO.                                                                                                                                             |                           |                                         |                                           |                                          |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------|-------------------------------------------|------------------------------------------|
|             | NAME OF DECEASED (ype or Print) Wm (/.                                                                                                              | Fre                       | enc SR.                                 | 2. DATE<br>OF<br>DEATH                    | 12/50                                    |
| A.          | PLACE OF DEATH:<br>Baltimore City, Maryland                                                                                                         |                           | 4. USUAL RESIDENCE                      | Where deceased lived. If ins              | titution: residence<br>before admission) |
| H           | FULL NAME OF (If not in hospital or institution, give streed SEPITAL OR ISTITUTION 2734 RICES AVE                                                   | 9 A2 \     -              | c. CITY OR TOWN (I                      | outside corporate limits                  | rite RULAL and give pownship)            |
| _           | LIF                                                                                                                                                 | Yrs.<br>Mos.              | D. STREET ADDRESS (If                   | rural, give location)                     | /                                        |
| _           | Length of stay in Baltimore SEX   6. COLOR OR RACE   7. SINGLE, MARRIED                                                                             | Days                      | 2774                                    | 9. AGE (in years) It Unio                 | der 1 Year   If Under 24 Hours           |
|             | 17 WIDOWED, DIVORO                                                                                                                                  | ED (Specify)              | MAY 17 1880                             | last birthday) Month                      | ns Days Hours Min.                       |
|             | A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSIN                                                                                                |                           | 11. BIRTHPLACE (State or f              | oreign country)   12                      | 2. CITIZEN OF<br>WHAT COUNTRY?           |
|             | MACHINIST BARTZETT HAYY                                                                                                                             | IARD                      | BALTIMOR                                |                                           | U.S.A.                                   |
| 13          | THOMAS B. FREEZE                                                                                                                                    | -0)                       | 14. MOTHER'S MAIDEN N                   | 7 SWANN                                   |                                          |
| 15          | . WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIA                                                                                              | L                         | 17. INFORMANT                           |                                           | RESS                                     |
| (10         | No 212-07                                                                                                                                           | 9915                      | KATHERINE FI                            | REEZE 2734                                | RIGES AUE                                |
|             | 18. 420 / 1                                                                                                                                         | CAUSE O                   | F DEATH                                 |                                           | INTERVAL BETWEEN                         |
|             | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH                                                                                                      |                           | 7                                       | 715005                                    |                                          |
|             | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO | ,                         |                                         |                                           |                                          |
|             | ANTECEDENT CAUSES                                                                                                                                   |                           |                                         |                                           |                                          |
| RTIFICATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.                                    |                           |                                         |                                           |                                          |
| FIC         | 11 <u>(C)</u>                                                                                                                                       |                           |                                         |                                           |                                          |
| ERT         | OTHER SIGNIFICANT CONDITIONS CON-<br>TRIBUTING TO THE DEATH, BUT NOT RELATED                                                                        |                           |                                         |                                           |                                          |
| CE          | TD THE DISEASE DR CONDITION CAUSING IT.                                                                                                             | OF OPERA                  | TION                                    |                                           | 20. AUTOPSY?                             |
| AL          | 21A EXTERNAL CAUSE WAS   21B. PLACE OF INJU                                                                                                         | JRY (e.g., in o           | r 21c. WHERE DID (                      | If in Baltimore City, give                | YES ND (                                 |
| EDICA       | PRIMARY OR CONTRIBUTING bout home, farm, factory, street of DEATH.                                                                                  |                           |                                         |                                           |                                          |
| Σ           | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY  m. WHILE AT WORK                                                                                 | OCCURRED<br>NOT WHILE     | 21F. HOW DID INJUR                      | Y OCCUR?                                  |                                          |
|             | 22. I certify that I took charge of the remains d                                                                                                   | escribed ab               | ove, held an Ing                        | section                                   | thereon and from                         |
|             | the evidence obtained by said Autopsy, Inspe<br>and death in my opinion resulted from: natu                                                         | ction or In<br>ral causes | quiry, find that said d                 | Inspection or Inquiry eccased died on the | day stated above, etermined .            |
|             | 23A. SIGNATURE                                                                                                                                      | /                         | 238. CHIEF MEDICAL<br>ASSISTANT MEDICAL | EXAMINER                                  | DATE SIGNED                              |
| 24          | AA. BURIAL. CREMA- 24B. DATE 24C. NAME O                                                                                                            | F CEMETER                 |                                         | OCATION (City, town, or                   |                                          |
|             | BURIAL JULY 201950 NEW                                                                                                                              | CHTHE                     |                                         | EDERICK RO                                |                                          |
| L           | ATE RECEIVED BY REGISTRAR'S SIGNATURE                                                                                                               | . 2                       | 5. FUNERAL DIRECTOR                     |                                           | DDRESS                                   |
| 4           |                                                                                                                                                     | -                         | Supper soro                             | 1800 E LOR                                | 1 BARD ST                                |
| VS          | 151                                                                                                                                                 | 5 4 4                     | 47                                      |                                           | 14a W                                    |



| 160                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                              |                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------|--------------------------------------------|
| BA                                                                                                       | LTIMORE CITY HI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EALTH DEPARTMENT              |                                              | 50 6283                                    |
| BIRTH NO. 33                                                                                             | CERTIFICAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | E OF DEATH                    | Registered N                                 | To                                         |
| 1. NAME OF DECEASED (Type or Print) Char Lotte                                                           | WEBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (MOLEK)                       | 2. DATE.<br>OF                               | 115/50                                     |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland MATH                                                      | Land General Hos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4. USUAL RESIDENCE (Wh        | DEATH<br>ere deceased lived, If<br>B. COUNTY | institution: residence<br>before admission |
| B. FULL NAME OF (If not in hospital or institu                                                           | the same of the sa | MaryLand                      | 7 %-                                         | 06                                         |
| INSTITUTION MAD PLATE A Comment                                                                          | ul Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Baltimore                     | 11 1                                         | s, write RURAL and give                    |
| ARGAMA GENT                                                                                              | Yrs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | ral, give location)                          | Acces.                                     |
| c. heigth of stay in Baltimore LiF                                                                       | Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 30 E. HEas                    | th Stree                                     |                                            |
| The winds   will will will will will will will wi                                                        | E, MARRIED,<br>WED, DIVORCED (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | 9. AGE (in years line) last birthday) Mo     | nths Days Hours Min.                       |
| 10A. USUAL OCCUPATION (Givekinder) 10B. KIN                                                              | D OF BUSINESS OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11. BIRTHPLACE (State or fore | eign country)                                | 12. CITIZEN OF                             |
| ork done during meet of working life, even if retired)                                                   | INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Marenhan                      | 2                                            | WHAT COUNTRY                               |
| 13. FATHER'S NAME                                                                                        | 197                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 14. MOTHER'S MAHDEN NAM       | AE 2                                         | 9.3.                                       |
| FARLE F. MOL                                                                                             | ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ThELma                        | M. Low                                       | say                                        |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>Yes, no runknown) (If yes, give war or dates of service) | 16. SOCIAL<br>SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 17. INFORMANT                 | P AI                                         | DDRESS                                     |
| 18. 00 2 X                                                                                               | 64410=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TAMILY                        | DAME                                         | INTERVAL BETWEEN                           |
| DISEASE OR CONDITION DIRECTLY                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF DEATH                      |                                              | ONSET AND OFATH                            |
| (This does not mean the mode of dying, e.                                                                | En W TuB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | erculous mes                  | minitis                                      | 2 WELBO                                    |
| heart failure, asthenia, etc. It means the disea<br>injury or complication which caused deat             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | 0                                            |                                            |
| ANTECEDENT CAUSES                                                                                        | -D · 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | L OPI                         | y Tubren                                     |                                            |
| DISEASES OR CONDITIONS, IF ANY, GIVE                                                                     | NG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | trial Pulmonar                | y reverse                                    | 5240                                       |
| RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | 0                                            |                                            |
|                                                                                                          | (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | ***************************************      |                                            |
| OTHER SIGNIFICANT CONDITIONS CO                                                                          | N- T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                                              |                                            |
| TRIBUTING TO THE OEATH, BUT NOT RELAT                                                                    | ED PIAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Betre mell                    | itus                                         |                                            |
| 194. DATE OF OPERATION   198. MAJOR                                                                      | R FINDINGS OF OPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RATION                        |                                              | 20. AUTOPSY?                               |
|                                                                                                          | ACE OF INJURY (e. g., i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | in Baltimore City, g                         | YES NO L                                   |
| LYING OR CONTRIBUTING about home                                                                         | farm, factory, street, office bldg.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | etc.) INJURY OCCUR?           |                                              |                                            |
| 210. TIME (Month) (Day) (Year) (Hour)                                                                    | 21E. INJURY OCCURR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ED 21F. HOW DID INJURY        | OCCUR?                                       |                                            |
| m.                                                                                                       | WHILE AT NOT WHILE AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                              |                                            |
| 22. I hereby certify that I attended the                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                              | that I last saw the                        |
| deceased alive on July 15, 1950                                                                          | and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rred at 2 P. m., from the     | causes and on th                             |                                            |
| mary he cert                                                                                             | thouse !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Theoryland y                  | ineral Hope to                               | 23c. DATE SIGNED                           |
| 24A. BURIAL, CREMA-<br>TION, REMOVAL (Specify)                                                           | 24C. NAME OF CEMETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | CATION (City, town,                          | or dunty) (State)                          |
| 1/4/5017015                                                                                              | his ol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | South.                                       |                                            |
| DATE RECEIVED BY REGISTRAR'S SIGNAT                                                                      | Wayle Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25. FUNERAL DIRECTOR          | Love                                         | ADDRESS                                    |
| VS 150                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The A. Re                     |                                              |                                            |
| VS 150                                                                                                   | 7200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 130 2. Tai                    | V Earl                                       | 133                                        |
| 1 13 E                                                                                                   | 1208                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A O S OL                      |                                              | 1-10                                       |

NAME OF THE PARTY 

| BI            | RTH 628                 | 4                                                                                                                                                                                  |                                                                   | CERTIFICAT                                                         | E OF DEATH                     | Regist                                  | tered No            | 0234                                    |
|---------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------|-----------------------------------------|---------------------|-----------------------------------------|
|               | NAME OF I               | There I would                                                                                                                                                                      | Wnipson                                                           |                                                                    |                                | 2. DATE<br>OF<br>DEATH                  | カーバー                | -50                                     |
| Α.            | PLACE OF I<br>Baltimore | City, Maryland                                                                                                                                                                     | Crown Co                                                          | th + Scil Co<br>ion, give street address or                        | 4. USUAL RESIDENCE<br>A. STATE |                                         |                     | ion: residence<br>before admission)     |
| HO            | SPITAL OR<br>STITUTION  | Crown Cor                                                                                                                                                                          | t el                                                              | location)                                                          | c. CITY OR TOWN Balto.         | (If outside corpora                     | te limits, write    | RURAL and give township)                |
| -             | Length of               | stay in Baltimore                                                                                                                                                                  | Lif                                                               | Yrs.<br>Mos.                                                       | D. STREET ADDRESS              |                                         | tion)               |                                         |
|               | SEX                     | 6. COLOR OR RAC                                                                                                                                                                    | E   7. SINGLE                                                     | E, MARRIED,<br>(ED, DIVORCED (Speelfy)<br>Married                  | 8. DATE OF BIRTH 2-4-03        | 9. AGE (In y                            | ears If Under 1 You | ear Il Under 24 Hours<br>ays Hours Min. |
| work          |                         | CCUPATION (Give kind<br>of working life, even if retire<br>erator                                                                                                                  | of 10B. KIND                                                      | Cork Co.                                                           | 11. BIRTHPLACE (State          |                                         |                     | TIZEN OF                                |
|               | . FATHER'S              |                                                                                                                                                                                    |                                                                   |                                                                    | 14. MOTHER'S MAID!             | EN NAME                                 |                     |                                         |
| 15<br>(Yes    | . WAS DECEAS            | ED EVER IN U. S. ARM<br>(If yes, give war or d                                                                                                                                     | IED FORCES?<br>ates of service)                                   | 16. SOCIAL<br>SECURITY NO.                                         | 17. INFORMANT Julia Thomp:     | son wife-230                            | ADDRES<br>7 Foster  | Ave                                     |
| CERTIFICATION | DISEASE RISE TO UNDERL  | LEADING TO DE sonot mean the modure, asthenia, etc. It no complication which ANTECEDENT CA ES OR CONDITIONS THE ABOVE CAUSE (.YING CONDITION II) SIGNIFICANT CONG TO THE DEATH, BU | e of dying, e. caused death uses , IF ANY, GIVINA) STATING THAST. | (B)                                                                | sclusion,                      | ley DS ÀS                               | 10:14               |                                         |
|               | TO THE                  | OF OPERATION                                                                                                                                                                       | ON CAUSING I                                                      |                                                                    | ATION                          |                                         | 1                   | O. AUTOPSY?                             |
| EDICAL        | UNDERLYIN               | NAL CAUSE WAS NG OR CONTRIB CAUSE OF DEAT                                                                                                                                          | 3 - about home, f                                                 | CE OF INJURY (e. g., in<br>arm, factory, street, office bldg., e   |                                | (If in Baltimore                        |                     | ect location)                           |
| ME            | 21D. TIME<br>INJURY     | (Month) (Day) (Yes                                                                                                                                                                 | m.                                                                | 21E. INJURY OCCURRI                                                | I No 1.                        | Autobsu                                 | 42                  | 7.6                                     |
|               | the er                  | vidence obtained b                                                                                                                                                                 | n said Auto                                                       | remains described a<br>psy, Inspection or I<br>ron: natural eauses |                                | opsy, Inspection or Indid deceased died | nquiry on the day   | eon and from stated above, rmined □.    |
|               | 23A. SIGNA              |                                                                                                                                                                                    | 1987                                                              |                                                                    | D. MEDICAL INVEST              | IGATOR                                  | 日17-16              | SIGNED - 50                             |
| TIC           | A. BURIAL.              | Specify 7-20-                                                                                                                                                                      |                                                                   | Mt. Carmel                                                         | RY OR CREMATORY 2              | Balto. Md                               | 1.                  |                                         |
| LC            | TE RECEIVE              | TRAR REGISTRA                                                                                                                                                                      | ator Will                                                         | IRE                                                                | Lilly & Zei                    | ler, 403 S.                             | Wolfe St            |                                         |
| Ai            | 151                     | . 977-17                                                                                                                                                                           |                                                                   | 5443                                                               | 2628                           |                                         | 94                  | a V                                     |

residence in profit as help and with any Com Cap 18 1 Co. Truckfull I. The Bean . His contract tally 6 Selling log S. Tolte Street.

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| BIRTH NO. 5  |  |
| 1. NAME OF I |  |

# CERTIFICATE OF DEATH

| В                                       | IRTH NO.                           |                                                                                                                                                                                                                      | CEF                                                                                                                                                         | RTIFICATI                                         | OF DEAT                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                             |
|-----------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------|
| 1.<br>(T                                | NAME OF D<br>'ype or Print)        | SECEASED No.                                                                                                                                                                                                         | augusta                                                                                                                                                     | Horva                                             | th                                 | 2. DATE<br>OF<br>DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.17.                                          |                             |
| A.                                      | PLACE OF D<br>Baltimore (          | City, Maryland                                                                                                                                                                                                       | Hotbra Has                                                                                                                                                  | pital                                             | A. STATE                           | NCE (Where deceased<br>B. COU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                | sidence<br>admission)       |
| Н                                       | OSPITAL OR                         | Avetor                                                                                                                                                                                                               | , Hospital                                                                                                                                                  | location)                                         | Baltin                             | (If outside corpor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ate limits, write RURA                         | L and give<br>township)     |
|                                         |                                    | tay in Baltimore                                                                                                                                                                                                     |                                                                                                                                                             | Yrs,<br>Mos.<br>Days                              | 718 1. Ru                          | ss (If rupal, give locally the second | atlon)                                         |                             |
|                                         | EMALE                              | 6. COLOR OR RAC                                                                                                                                                                                                      |                                                                                                                                                             | VORCED (Specify)                                  | DEC. 15, 1                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | years II Under 1 Year III day) Months Days III | Under 24 Hours<br>ours Min. |
| or                                      |                                    | CUPATION (Give kin of working life, even if retire to R K                                                                                                                                                            |                                                                                                                                                             | INDUSTRY                                          | BALT                               | MORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                | OF<br>OUNTRY?               |
| 1=                                      | FRA                                | NK M                                                                                                                                                                                                                 | KAWSK                                                                                                                                                       | 1                                                 | ANTO                               | VINA 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DOYAS                                          |                             |
| Ye                                      | no nr unknown)                     | (If yes, give war mr                                                                                                                                                                                                 | lates of service)                                                                                                                                           | ECURITY NO.                                       | JOSEPH                             | HORVATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | JR SZ.03                                       | E DAIN                      |
| CERTIFICATION                           | OTHER STRIBUTION                   | SE OR CONDITION LEADING TO DI s not mean the mod ure, asthenia, etc. It r complication which ANTECEDENT CA S OR CONDITIONS THE ABOVE CAUSE ( YING CONDITION  II SIGNIFICANT CON G TO THE DEATH, B DISEASE OR CONDITI | EATH le of dying, e. g., neans the diseasc, h caused death.)  USES  S. IF ANY, GIVING A.) STATING THE LAST.  — NDITIONS CON- UT NOT RELATED ION CAUSING IT. | (A)/ypert<br>UE TO Strue<br>UE TO Jute<br>(C) Dra | inie Carl<br>ingulated<br>istual O | lio Vanden de l'untiles de l'according le l'according le l'according de la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | mine ONSET A                                   | D DEATH                     |
| ביייייייייייייייייייייייייייייייייייייי |                                    | ENT. SUICIDE. (Specify)                                                                                                                                                                                              | 21B. PLACE OF about home, farm, factor                                                                                                                      | INJURY (e.g., in                                  | or   21c. WHERE D                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES YES City, give exact local                 | NO V                        |
| M                                       | INJURY                             | (Month) (Day) (Ye                                                                                                                                                                                                    | ar) (Hour)   21E. IN  while at  m.   work  attended the decease                                                                                             | AT WORK L                                         | 21F. HOW DID                       | njury occur?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | , 19 J,Ahat I las                              | t saw the                   |
|                                         | deceased at<br>23A. SIGNATURE      | CREMA- 248. DATE                                                                                                                                                                                                     | Journe                                                                                                                                                      | lu M.D.                                           | red at 75 0m., 3B. ADDRESS         | from the causes an leve Coo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nd on the date stat                            |                             |
| D                                       | SURI<br>ATE RECEIVE<br>DCAL REGIST | AL 7-                                                                                                                                                                                                                | 9-50. P                                                                                                                                                     | ARK WO                                            | OD CEM.                            | TAYL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OR AV. BA                                      | To Co.                      |

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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| ristered | No. | A FF-on | OU |

Reg BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) f outside corporate limits, write RURAL and give INSTITUTION Emsor St. MONE D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE AGE (In years | ft Under | Year | It Under 24 Hours | Inst birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) 1. BIRTHPLACE (State or foreign country) WHAT COUNTRY DECEASED EVER IN U. S. ARVED FORCES?
runknown) (If yes, give war or intes of service) 16. SOCIAL (Yes, for unknown) SECURITY NO. nous NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE! 1950 to , 1990, that I last saw the 22. I hereby certify that I attended the deceased from, 7/17 1, 1950, and that death occurred at 3'-Am., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, OREMA-TION, REMOVAL Specify) DATE RECEIVED BY DIRECTOR

102. 13 Eun + 24.

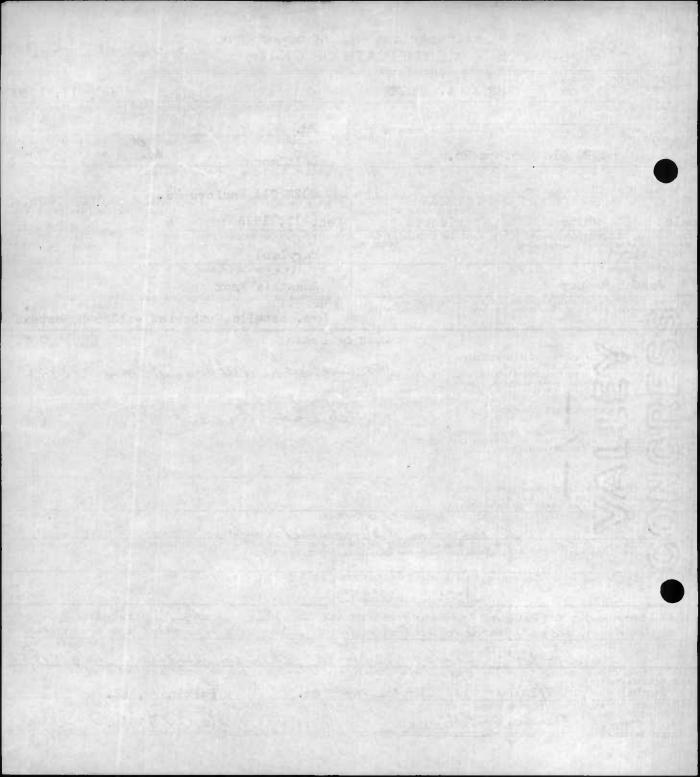
| 0            | 6287                                                                                                                                                                                                                                                                                                                                                                                                | 7                                                                | BALTIMORE CITY HE                                                                 |                                                       | Registered N                | 50 6287                                            |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------|----------------------------------------------------|
|              | NAME OF D<br>ype or Print)                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | ARAH LORETTA DUNN                                                                 | •                                                     | 2. DATE<br>OF<br>DEATH July | y 18, 1950                                         |
| B.<br>H      | PLACE OF D<br>Baltimore (<br>FULL NAME<br>OSPITAL OR<br>ISTITUTION                                                                                                                                                                                                                                                                                                                                  | EATH: City, Maryland OF (If not in hospit                        | al or institution, give street address or location)  Hosp. of Md.                 |                                                       | Where deceased lived, If    |                                                    |
|              |                                                                                                                                                                                                                                                                                                                                                                                                     | tay in Baltimore                                                 | Yrs.<br>Mos.<br>Days                                                              | D. STREET ADDRESS (If rural, give location)  Main St. |                             |                                                    |
|              | female                                                                                                                                                                                                                                                                                                                                                                                              | white                                                            | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed  108. KIND OF BUSINESS OR | 8. DATE OF BIRTH  Nov. 19, 1899                       | last birthday) Mon          | Under I Year H Under 24 Hours nths Days Hours Min. |
| wor          | House                                                                                                                                                                                                                                                                                                                                                                                               | of working life, even if retired) Wife                           | at home                                                                           | New York                                              |                             | 12. CITIZEN OF<br>WHAT COUNTRY                     |
| 15           | Mich                                                                                                                                                                                                                                                                                                                                                                                                | ael T. Lynch  ED EVER IN U. S. ARMEE  (If yee, give war or date) | ) FORCES? 16. SOCIAL SECURITY NO.                                                 | Mary McElenney  17. INFORMANT ADDRESS Hosp. Records   |                             |                                                    |
| ERTIFICATION | CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  (A)  CAUSE OF DEATH  (B)  (B)  DUE TO |                                                                  |                                                                                   |                                                       |                             |                                                    |
| U            | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA                                                                                                                                                                                                                                |                                                                  |                                                                                   | ATION                                                 |                             | 20. AUTOPSY?                                       |
| EDICAL       | 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, atreet, office bldg., etc.)   10   10   10   10   10   10   10   10                                                                                                                                                                                                                      |                                                                  |                                                                                   |                                                       |                             | YES NO Live exact location)                        |
| Σ            | 216. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 7-/7, 1950, to 7-18, 1950, that I                                                                                                                                                                                                                  |                                                                  |                                                                                   |                                                       |                             | 9, that I last saw the                             |
|              | deceased at                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  | Jahr M.D.                                                                         | Tred at 12 Am., from to 3B. ADDRESS                   | he causes and on the        | 23c. DATE SIGNED<br>7-/8-50                        |
| TI           | AA. BURIAL. (SON, REMOVAL (S                                                                                                                                                                                                                                                                                                                                                                        | odcify) 7/18/5                                                   | 24c, NAME OF CEMETE 50 S SIGNATURE                                                |                                                       | ctysburg, Pa.               | or county) (State)                                 |
| 1 /          | OCAL PEGIST                                                                                                                                                                                                                                                                                                                                                                                         | DAD                                                              | 1 14.4                                                                            | 1111 11/-                                             | 0/1/                        | 18 00                                              |

| the Reference of the Control of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THE RESIDENCE OF THE PARTY OF T |
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) CHARLES A. HOOPER OF July 17, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUEAL and give INSTITUTION ... township) 6028 Old Harford Rd. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 6028 Old Harford Rd.
TE OF BIRTH S. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours Min. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Dec. 15, 1873 male widowed 10A, USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Retired Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Hooper Anastsia Knox 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Estelle Gutberlet - 1335 Homestead INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (A) Aneurysm of abdominal a orta
UE TO
(B) Arterioschrosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA of obdominal agalo 214. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) HOMICIDE (Specify) ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from Jene 5, 1950 to ruly 17, 1950, that I last saw the Lecly 15, 1950, and that death occurred at 7.304 m., from the lauses and on the date stated above. deceased alive on\_ 23B. ADDRESS 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE ZAC. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or couply) Burial 7/19/50 Loudon Park Cem. Baltimore Md. 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR



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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

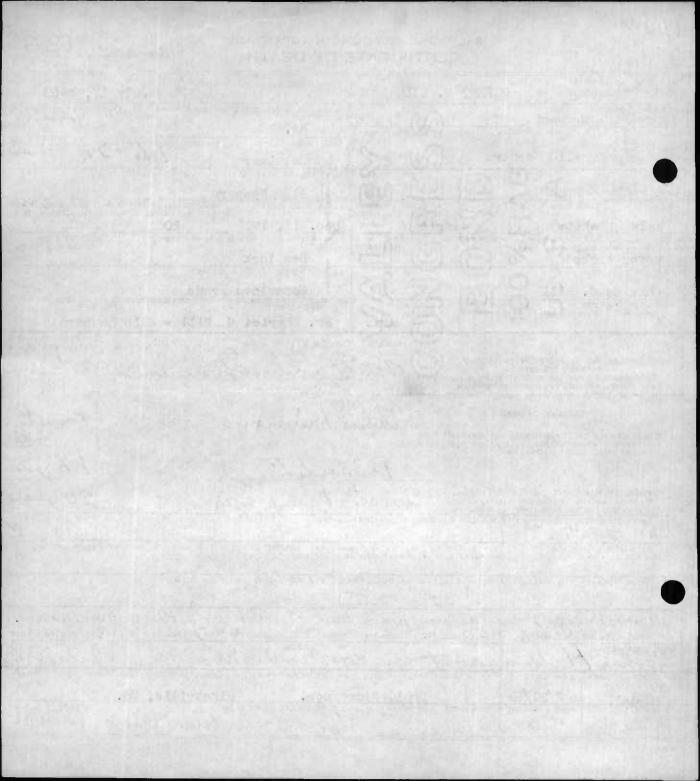
Registered No. 6289

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| B                     | RTH NO.                                                    | 30                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | CERTIFICATI                                 | OF DEATH                                                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.<br>(T;             | NAME OF D<br>ype or Print)                                 | ECEASED                                                                                                                                                                                                                                                                                                    | ROBERT                                                                                                                                 | M. HILL                                     |                                                              | 2. DATE<br>OF<br>DEATH July                | 17, 1950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| A.                    | FULL NAME                                                  | City, Maryland                                                                                                                                                                                                                                                                                             | al or instituti                                                                                                                        | on, give street address or                  | 4. USUAL RESIDENT<br>A. STATE<br>Md.                         | CE (Where deceased lived, If<br>B. COUNTY  | institution; residence<br>before admission)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                       | SPITAL OR<br>STITUTION                                     | 4118 New                                                                                                                                                                                                                                                                                                   | bern                                                                                                                                   | location                                    | c. CITY OR TOWN  Baltimor                                    |                                            | s, write RURAL and give<br>township)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                       |                                                            |                                                                                                                                                                                                                                                                                                            |                                                                                                                                        | Yrs.<br>Mos.                                | D. STREET ADDRESS                                            | S (If rural, give location)                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -                     |                                                            | tay in Baltimore                                                                                                                                                                                                                                                                                           |                                                                                                                                        | Days                                        | 4118 New                                                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5.                    | sex<br>male                                                | 6.COLOR OR RACE                                                                                                                                                                                                                                                                                            | WIDOW                                                                                                                                  | MARRIED,<br>ED, DIVORCED (Specify)<br>ingle | Dec. 11. 192                                                 | last birthday) Mo                          | onths Days Hours Min.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                       | done during most                                           | CUPATION (Give kind of of working life, even if retired) Worked                                                                                                                                                                                                                                            | 108. KIND                                                                                                                              | OF BUSINESS OR<br>INDUSTRY                  | 11. BIRTHPLACE (Sta                                          |                                            | 12. CITIZEN OF<br>WHAT COUNTRY?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 13                    | . FATHER'S                                                 |                                                                                                                                                                                                                                                                                                            |                                                                                                                                        |                                             | 14. MOTHER'S MAID                                            | EN NAME                                    | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                       | Charle                                                     | es C. Hill                                                                                                                                                                                                                                                                                                 |                                                                                                                                        | 以一是一种的                                      | Geneviev                                                     | e Evans                                    | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 15<br>Yes             | . WAS DECEAS                                               | ED EVER IN U, S. ARMET<br>(If yee, give war or date                                                                                                                                                                                                                                                        | FORCES?                                                                                                                                | 16. SOCIAL<br>SECURITY NO.                  | 17. INFORMANT Mr. Charles                                    | C Hill - 4118                              | DDRESS<br>Newbern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| MEDICAL CERTIFICATION | OTHER: TRIBUTIN TO THE I  19A. DATE (  21A. ACCID HOMICIDE | SE OR CONDITION LEADING TO DEA's not mean the mode of ure, asthenia, etc. It mes complication which ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1  LENT. SUICIDE, (Specify)  (Month) (Day) (Year | TH of dying, e. g ins the disease caused death SES  F ANY, GIVIN STATING THAST.  ITIONS CON NOT RELATE A CAUSING I GAUSING I BB. MAJOR | (B) Varia  (B) Varia  (C) Peri              | etc.) INJURY OCCURT                                          | ?                                          | A marths  A mart |
|                       | 22. I hereldeceased a                                      | TURE LINE                                                                                                                                                                                                                                                                                                  | m.  <br>tended the                                                                                                                     |                                             | arch 8, 1950,<br>rred at m., f<br>23B. ADDRESS<br>419 Wrudso | to July 17, 195<br>rom the Jauses and on t | A that I last saw the he date stated above 22c. DATE SIGNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| TI                    | Burial<br>Buria                                            | 7/20/5                                                                                                                                                                                                                                                                                                     | 0                                                                                                                                      | 24c. NAME OF CEMETE  Druid Ridg             | ge Cem.                                                      | Pikesville, Md.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                       | ATE RECEIVE                                                | D BY   REGISTRAR                                                                                                                                                                                                                                                                                           | 3 24                                                                                                                                   | JRE                                         | 25. FUNERAL DIREC                                            | Tickner & In                               | 10 Jack Md                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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|----------|---------------------------------------|-------------------------------------------------------|---------------------|------------------------------------------------------|---------------------------------------------|-----------------------------------------|------------------------|-----------------------------------------|
|          | 6                                     |                                                       | BAL                 | TIMORE CITY H                                        | EALTH DEPARTMENT                            |                                         | 50                     | 6290                                    |
| BI       | RTH NO. 9                             | ()                                                    |                     | CERTIFICAT                                           | E OF DEATH                                  | Registered N                            | 0                      |                                         |
| 1.<br>(T | NAME OF D'ype or Print)               |                                                       | ph Cogil            | andro                                                |                                             | 2. DATE OF DEATH JU                     | 11 18                  | 1950                                    |
|          | Baltimore                             | DEATH:<br>City, Maryland                              | 1.1.1.1.10          | 200 - 124 9/ ha                                      | 4. USUAL RESIDENCE (V                       | Where deceased lived. If                | Astitution             | on: residence<br>efore admission        |
| B.<br>H  | FULL NAME<br>OSPITAL OR<br>ISTITUTION |                                                       |                     | on, give street address of<br>location               | md                                          | outside corporate limits                | X                      | RURAL and give                          |
|          |                                       |                                                       |                     |                                                      | Baltimore                                   | 26-                                     | 06                     | township                                |
| 2        |                                       |                                                       |                     | 7 Yrs.<br>Mos.                                       | D. STREET ADDRESS (If                       | rural, give location)                   |                        |                                         |
|          | Length of                             | stay in Baltimo                                       |                     | Days                                                 |                                             | adee Way                                | W 1 1 1 1              |                                         |
| 2        | Male                                  | White                                                 | WIDOW               | MARRIED, ED, DIVORCED (Specify                       | December 15, 188                            |                                         | Under I Yea<br>nths Da | ys Hours Min.                           |
| ork      | A. USUAL OC                           | CCUPATION (Give k                                     | ind of 10B. KIND    | OF BUSINESS OR                                       | 11. BIRTHPLACE (State or fo                 | oreign country)                         |                        | IZEN OF                                 |
|          | This                                  | chant KE                                              |                     | LIAVERN                                              | Stoly                                       |                                         | 9/                     | 1                                       |
| 13       | FATHER'S                              | 6                                                     |                     |                                                      | 14. MOTHER'S MAIDEN N.                      | AME                                     |                        | 97.94                                   |
| 15       | MAS DICEAS                            | SED EVER IN U. S. A                                   | PMED FORCES?        | 16. SOCIAL                                           |                                             | ours                                    |                        |                                         |
| Ye       | oo or nakoowo                         | (If yes, give war o                                   | r dates of service) | SECURITY NO.                                         | 17. INFORMANT                               | A AI                                    | DRESS                  | 2 / 5/                                  |
| 1        | 18.                                   | -1 V                                                  | - 1                 | CALISE                                               | OF DEATH                                    | 1713                                    | INTE                   | RVAL BETWEE                             |
|          | DISEA                                 | SE OR CONDITI                                         |                     | /                                                    | DEATH                                       | 7 /                                     | ons                    | ET AND DEATH                            |
|          | (This doe                             | LEADING TO I                                          | ode of dying, e.g.  | . (1)                                                | arcumun s                                   | mace                                    |                        | 7 mm                                    |
|          | heart failt                           | ure, asthenia, etc. It<br>complication whi            | meana the diaease   |                                                      |                                             | *************************************** |                        | *************************************** |
|          |                                       | ANTECEDENT C                                          | AUSES               |                                                      |                                             |                                         |                        |                                         |
| Z        | DISEASE                               | S OR CONDITION                                        |                     | (B)                                                  | ***************************************     | *************************************** |                        | ****************                        |
| =        | RISE TD                               | THE ABOVE CAUSE                                       | (A) STATING THE     | E DUE TD                                             |                                             |                                         |                        |                                         |
| 5        | ONDERE                                | TING CONDITION                                        | LASI.               | (C)                                                  |                                             | *****                                   |                        | *************************************** |
| _        |                                       | - 11                                                  |                     |                                                      |                                             |                                         |                        |                                         |
| T<br>L   | TRIBUTIN                              | SIGNIFICANT CO<br>G TD THE DEATH,<br>DISEASE OR CONDI | BUT NOT RELATED     |                                                      |                                             |                                         |                        |                                         |
| 1        | 19A. DATE                             | OF OPERATION                                          | 19Bt MAJOR          | FINDINGS OF OPER                                     | RATION                                      |                                         | 20                     | AUTOPSY7                                |
| 3        | jen                                   | re/,1950                                              | A                   | remona                                               | simula                                      |                                         | YE                     |                                         |
| AFCI     |                                       | DENT WAS UNDE<br>OR CONTRIBUTIN<br>DEATH              |                     | CE OF INJURY (e. g., rm,factory,street,office bidg., | to or 21c. WHERE DID (I etc.) INJURY OCCUR? | f in Baltimore City, g                  | ive exac               | t location)                             |
|          | 21D. TIME<br>INJURY                   | (Month) (Day) (Y                                      | Year) (Hour) 2      | 1E. INJURY OCCURR                                    |                                             | OCCUR?                                  |                        |                                         |
| h        |                                       |                                                       |                     | WORK NOT WHILE                                       |                                             |                                         | 35.7                   |                                         |
|          | 22. I herel                           | by certify that I                                     | attended the        | deceased from Kl                                     | 1946, to                                    | My /8, 19 J                             | , that i               | last saw th                             |
|          | deceased a                            | live on MM                                            |                     | nd that death occu                                   | rred at 6m., from t                         | he causes and on th                     |                        |                                         |
|          | 23A. SIGNA                            | ind A.                                                | ludry               | м. о.                                                | 2 Kindley Ad Kil                            | undalk hid                              | 230.1                  | W/8/191                                 |

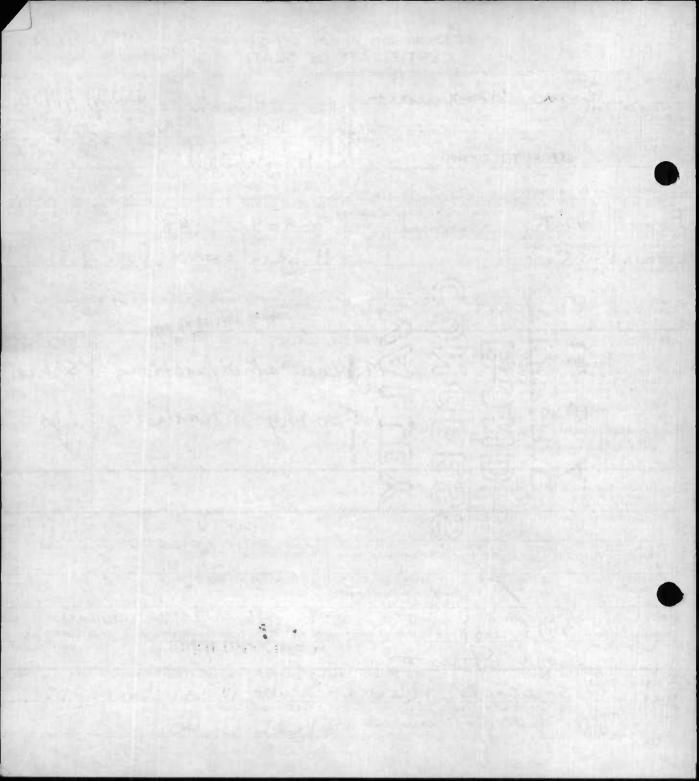
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If in itution: residence A. Baltimore City, Maryland B. COUNTY . before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Washington HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION IONES HOPKIES HOSPITAL township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5 SEX 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED: DIVORCED (Specify) last birthday) Months: Days Hours: Min. 68 manne 10A. USUAL OCCUPATION (Givekindef) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY TOUSE WIFE 1 wots 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME - - -5204 17. INFORMANT HOPKINS HOSPET 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO. 18. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) FIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE ATT NOT WHILE WORK . 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 1950 to 30 Pm., from the causes and on the date stated above. deceased alive on 2 -19.4 and that death occurred at. 23A. SIGNATURE 23B. ADD HOPKINS HISPITED 23C. DATE SIGNED 24A. BURIAL, CREMA 24B DATE 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (ameter BUXIS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 the State of the second section of the second



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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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| gistered No  | Uhar Van |
| gistered No. |          |

|            | KIH NO.                                                                                                                                                                |                                                                                                                     |                                                                                       |                                               |                                                                                     |                                                                                                                   |                      |                             |  |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|--|
|            | NAME OF D<br>'ypc or Print)                                                                                                                                            | ANNIE M. DER                                                                                                        | REN BERG                                                                              | ER                                            |                                                                                     | 2. DATE<br>OF<br>DEATH July                                                                                       | 17, 19               | 950                         |  |
| A.         | FULL NAME                                                                                                                                                              | City, Maryland (If not in hospite                                                                                   | al or institut                                                                        | ion, give street address or                   | Maryland                                                                            | (Where deceased lived, If in B. COUNTY                                                                            | befor                | e admission)                |  |
| 11         | STITUTION                                                                                                                                                              | Julierani West Baltimo                                                                                              |                                                                                       | eral Hospital                                 | c. CITY OR TOWN Baltimore                                                           | (If outside corporate limits,                                                                                     | write RUR            | (AL and give<br>township)   |  |
| _          |                                                                                                                                                                        |                                                                                                                     |                                                                                       | Yrs.<br>Mos.                                  | D. STREET ADDRESS (                                                                 |                                                                                                                   | - V                  |                             |  |
| _          | sex                                                                                                                                                                    | tay in Baltimore                                                                                                    | 7 SINGLE                                                                              | Days Days                                     | 2860 W. Lanva                                                                       |                                                                                                                   | nder 1 Year          | If Under 24 Hours           |  |
|            | female                                                                                                                                                                 | white                                                                                                               | MIDOM                                                                                 | VED, DIVORCED (Specify)                       | 8-15-1865                                                                           | last birthday) Mont                                                                                               |                      |                             |  |
| 1 C        | A. USUAL OCC                                                                                                                                                           | CUPATION (Give kind of<br>f working life, even if retired)                                                          | 108. KIND                                                                             | O OF BUSINESS OR INDUSTRY                     | 11. BIRTHPLACE (State or Unknown                                                    | foreign country) 1                                                                                                | 2. CITIZE<br>WHAT    | N OF<br>COUNTRY             |  |
| 13         | . FATHER'S N                                                                                                                                                           |                                                                                                                     | A3 7                                                                                  |                                               | 14. MOTHER'S MAIDEN                                                                 | NAME                                                                                                              |                      |                             |  |
| 15         | WAS DECEASE                                                                                                                                                            | Frederick C.                                                                                                        |                                                                                       | 1.16.606141                                   | Unknown                                                                             |                                                                                                                   |                      |                             |  |
| Ye         | a, oo or unkoown)                                                                                                                                                      | (If yes, give war or dates                                                                                          | of service)                                                                           | 16. SOCIAL<br>SECURITY NO.                    | 17. INFORMANT                                                                       | Stauffer, Walk                                                                                                    | DRESS                | 17.                         |  |
| RIFICATION | (This does heart failu injury or DISEASES RISE TO TI UNDERLY                                                                                                           | E OR CONDITION LEADING TO DEAT TO MEAN THE MODE OF THE ASSOCIATION OF THE ASSOCIATION OF THE MEAN TO THE DEATH. BUT | f dying, e. 1 f dying, e. 1 ns the diseas aused death ses F ANY, GIVIN STATING TH ST. | R., (A) Arteric                               | osclerotic cardi                                                                    | ovasqılar disea                                                                                                   |                      | AND DEATH                   |  |
| CE         |                                                                                                                                                                        | F OPERATION 1                                                                                                       |                                                                                       | FINDINGS OF OPER                              | ATION                                                                               |                                                                                                                   | 20. AL               | JTOPSY?                     |  |
| ١          |                                                                                                                                                                        | 9                                                                                                                   |                                                                                       |                                               |                                                                                     |                                                                                                                   | YES                  | No X                        |  |
| EDICA      | 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.   21B. PLACE OF INJURY (e.g., io or UNING CAUSE OF DEATH.   21C. WHERE DID INJURY OCCUR?   21C. WHERE DID INJURY OCCUR? |                                                                                                                     |                                                                                       |                                               |                                                                                     |                                                                                                                   |                      | cation)                     |  |
| Σ          | 21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK                                          |                                                                                                                     |                                                                                       |                                               |                                                                                     |                                                                                                                   |                      |                             |  |
|            | the evi                                                                                                                                                                | dence obtained by ath in my opinion                                                                                 | said Autoresulted f                                                                   | opsy, Inspection or I<br>from: natural causes | nquiry, find that said  ☑, accident ☐, suicid  238. CHIEF MEDICAL ASSISTANT MEDICAL | n, Inspection or Inquiry deceased died on the le □, homicide □, und □, and □ ≥3c.  EXAMINER□ ≥ 23c. □ EXAMINER□ ↓ | day star<br>determin | ted above,<br>ed □.<br>GNED |  |
| TIC        | ATE RECEIVED                                                                                                                                                           | REMA- 24B. DATE pecify REGISTRAR'S                                                                                  | 10/50                                                                                 | Saltin ne                                     | D. MEDICAL INVESTIGA                                                                | LOCATION (City, town, or                                                                                          | County)              | (State)                     |  |
| V          | S 151                                                                                                                                                                  | 1 27.00                                                                                                             | - 4                                                                                   | MENTAL PROPERTY AND AREA SERVICES             | 0 3 2 0                                                                             |                                                                                                                   | 130                  | 7                           |  |

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

|                                         | 50                      | 62                   | 93                  |               |
|-----------------------------------------|-------------------------|----------------------|---------------------|---------------|
| Register                                |                         |                      |                     |               |
|                                         |                         |                      |                     |               |
| DEVIII                                  | 7/16/                   |                      |                     |               |
| here deceased liv<br>B. COUNT           | ed. If insti<br>Y       | tution : r<br>before | esidence<br>admiss  | ion)          |
| outside corporate                       | limits, wr              | ite RUR              | AL and<br>towns     | give<br>hip)  |
| re /                                    | - 0                     | 5                    |                     |               |
| rural, give location Pk Ave.            | ,                       |                      |                     |               |
| 9. AGE (ln yea<br>las birthday          | rs if Under<br>) Months | Days F               | Under 24<br>Lours A | Hours<br>Ain. |
| reign country)                          | 12.                     | WHAT U.S.            | N OF<br>COUNT       | RY?           |
| ME                                      |                         |                      |                     |               |
|                                         |                         |                      |                     |               |
| husband)9                               | ADDR<br>23 N.           |                      | ersoi               | n             |
|                                         |                         | INTERVA              |                     | EEN           |
| Green                                   | unid                    | 7//                  | 4/4                 |               |
|                                         |                         |                      |                     |               |
| nor                                     |                         | 1/1                  | 5/4                 | 49            |
| *************************************** |                         | /                    |                     |               |
|                                         |                         |                      |                     |               |
|                                         |                         |                      | sve                 | ~)            |
|                                         | •••                     |                      |                     |               |
|                                         |                         | 20. AL               | TOPSY               |               |
| f in Baltimore C                        | City, give              | 1                    |                     |               |
|                                         |                         |                      |                     |               |
| OCCUR?                                  |                         |                      |                     |               |
| 1 11                                    | (-2)                    |                      |                     |               |

| BIR          | TH NO.                                                         |                                                                                                                                                                                                                 |                                                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                       |
|--------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------|
|              | NAME OF D<br>pe or Print)                                      | ETTa                                                                                                                                                                                                            |                                                                               | bach(Weifenbac                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DEATH                     | 16/50                                                                                 |
| B. F         | PLACE OF D<br>Baltimore (<br>ULL NAME<br>SPITAL OR<br>TITUTION | olly, Mai yland                                                                                                                                                                                                 |                                                                               | atterson Pk Avion, give street address or location) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If outside corporate limi | f institution : residence<br>before admission<br>its, write RURAL and giv<br>township |
| c. I         | Length of s                                                    | tay in Baltimore                                                                                                                                                                                                | Lif                                                                           | Yrs. Mos. Days                                      | D. STREET ADDRESS (1923 N. Patters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | If rural, give location)  | ,                                                                                     |
| 5. s         | emale                                                          | 6.COLOR OR RACE                                                                                                                                                                                                 | 7. SINGLI<br>WIDOW                                                            | E, MARRIED,<br>(ED, DIVORCED (Specify)              | NOV 3,1899                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | If Under 1 Year   H Under 24 Hours   Min                                              |
| lou          | USUAL OC<br>oneduring most<br>SEWITE &<br>FATHER'S M           | NAME                                                                                                                                                                                                            |                                                                               | OF BUSINESS OR<br>INDUSTRY                          | Baltimore, Mc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | d.                        | U.S.                                                                                  |
| 15.<br>(Yes, | WAS DECEASI                                                    | ED EVER IN U. S. ARMEI                                                                                                                                                                                          | FORCES?                                                                       | 16. SOCIAL<br>SECURITY NO.                          | Unknown  17. INFORMANT John Wiefenbach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | ADDRESS                                                                               |
| ERTIFICATION | (This does heart failt injury or DISEASE RISE TO 1 UNDERLY     | SE OR CONDITION LEADING TO DEA not mean the mode are, asthenia, etc. It mee complication which ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT COND G TO THE DEATH, BUT | TH of dying, e. ; ins the diseaseaused death SES F ANY, GIVIN STATING TI STT. | NG (B)                                              | Ly post. T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | 1/15/49<br>0 over                                                                     |
| AL C         |                                                                | OF OPERATION                                                                                                                                                                                                    |                                                                               | FINDINGS OF OPER                                    | RATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | 20. AUTOPSY?                                                                          |
| MED          | 21D. TIME<br>INJURY<br>22. I hereb<br>deceased a<br>23 SISNA   | lace 1.10                                                                                                                                                                                                       | ended the                                                                     | and that death occur                                | ED 21F. HOW DID INJUING THE ANDRESS TO ME AN | the causes and on         | give exact location)  , that I last saw the date stated above 23c. DATE SIGNED        |
| TION         | . BURIAL, S<br>R. REMOVAL (S<br>SUPIAL                         | CREMA-<br>Specify) 27/19/                                                                                                                                                                                       |                                                                               | 24c. NAME OF CEMETE<br>Baltimore hat                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rederick Ave.             | //                                                                                    |
|              | TE RECEIVE                                                     |                                                                                                                                                                                                                 | A                                                                             |                                                     | 25. FUNERAL DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | ADDRESS                                                                               |

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nature of tumou unknown. Letter in document file 50-629.

ALERMAN 50 6294 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location ! C. CITY OR TOWN (If outside eorporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | Igst bigthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED, (Specify) 10s. KIND OF BUSINESS OR IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dene during most of working life, even if retired) INDUSTRY WHAT COUNTRY? rewied ussia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cuow 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknows) (If yes, give war or dates of service) **ADDRESS** SECURITY NO. IONNS HOPKINS HOSPITEI 18. INTERVAL BETWEEN CAUSE OF DEATH. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Probable Cerebro-Vascular LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 1950 engn 11 YES 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If Baltimore City, give exact location) 21A CCIDENT WAS UNDER-LYING OF CONTRIBUTING ACCIDENT WAS UNDER-2 Ic. WHERE DID INJURY OCCUR?

CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE!

22. I hereby certify that I attended the deceased from. deceased alive on 7 -. 19 50, and that death occurred at

23A. SIGNATURE

BURIAL, CREMA-REMOVAL (Specify)

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

24c. NAME OF CEMETERY OR CREMATORY

240. LOCATION (City, Jown, A

21F. HOW DID INJURY OCCUR?

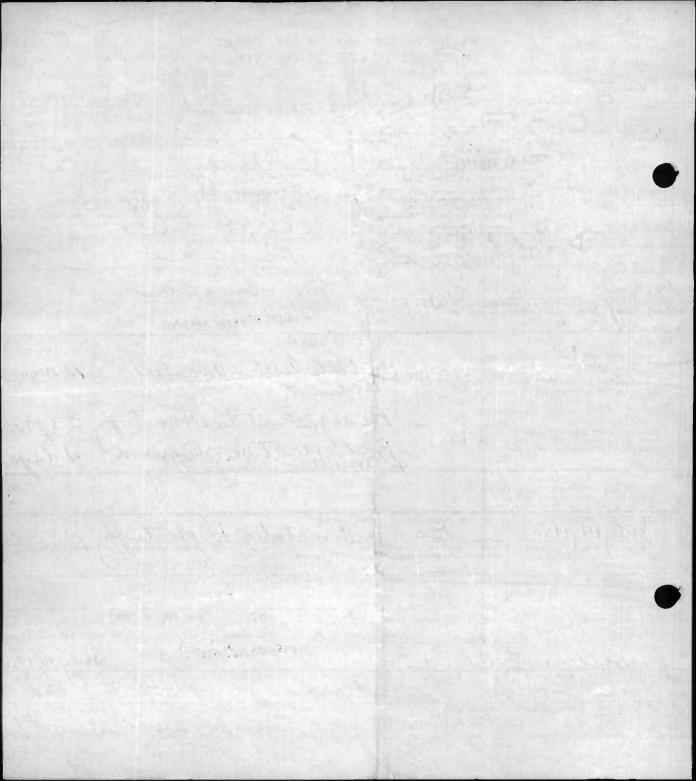
1950 to\_

910 Pm., from the causes and on the date stated above.

ADDRESS

VS 150

7-18 . 1920, that I last saw the



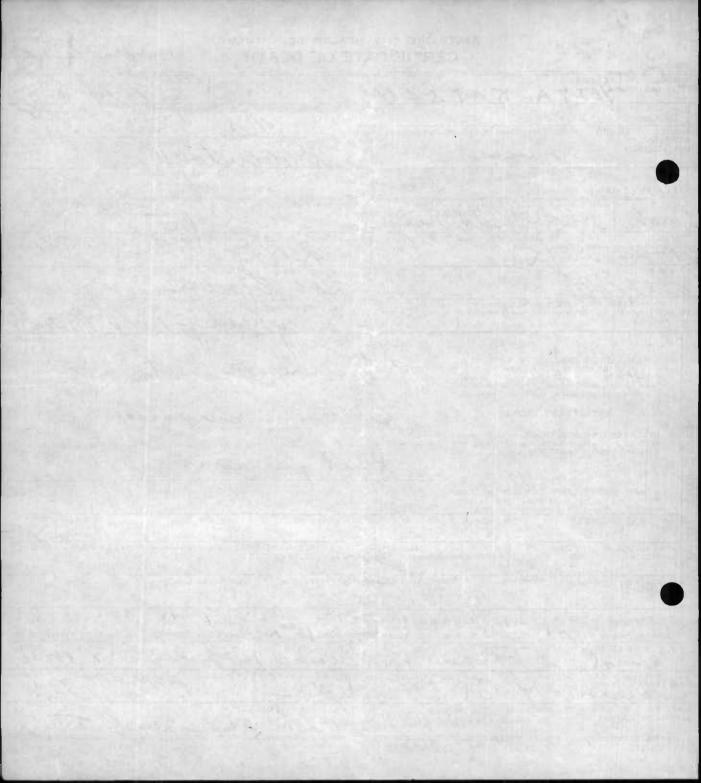
50 6295

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 6295

| BI | D. | TL | NI. | 0 |
|----|----|----|-----|---|

| ВІ      | IRTH NO.         |                                                        |                                         | CERTIFICATI                          | E OF DEATH                              | registered 1                            | 10.                            |
|---------|------------------|--------------------------------------------------------|-----------------------------------------|--------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------|
|         | NAME OF D        | ECEASED                                                |                                         |                                      |                                         | 2. DATE                                 |                                |
| Τ)      | ype or Print)    | YETTA                                                  | KAT                                     | ZEN                                  |                                         | OF TOEATH                               | 18-50                          |
|         | PLACE OF D       | City, Maryland                                         |                                         |                                      | 4. USUAL RESIDENCE                      | Where deceased lived, If                |                                |
| _       | FULL NAME        |                                                        | al or institution                       | on, give street address or           | A. STATE                                | B. COUNTY                               | before admission)              |
| H       | SPITAL OR        | // -                                                   |                                         | location)                            | C. CITY OR TOWN (I                      |                                         | s, write RURAL and give        |
|         |                  | Mu                                                     | au                                      |                                      | woods                                   | Toell                                   | township)                      |
| 7       |                  |                                                        |                                         | Yrs.                                 | D. STREET ADDRESS (If                   | rural, give location)                   | 1.200                          |
|         |                  | stay in Baltimore                                      |                                         | SO Mos.                              |                                         |                                         | 0-76                           |
| 3/      | SEX              | 6. COLOR OR BACE                                       |                                         | , MARRIED,<br>ED, DIVORCED (Specify) | 8. DATE OF BIRTH                        | 9. AGE (In years last birthday) Mo      | onths: Days   Hours   Min.     |
| e       | male             | white                                                  | ma                                      | uned                                 |                                         | 65                                      |                                |
| 10<br>0 | done during most | CUPATION (Give kind of of working life, even fretired) | 10B. KIND                               | OF BUSINESS OR INDUSTRY              | 11. BIRTHELACE (State or f              | oreign country)                         | 12. CITIZEN OF<br>WHAT COUNTRY |
|         | Vous             | cure                                                   |                                         |                                      | aun                                     |                                         |                                |
| 13      | FATHER'S         | NAME                                                   |                                         |                                      | 14. MOTHER'S MAIDEN N                   | AME                                     |                                |
| Ű       | 3281             | ou                                                     | Mark to                                 |                                      | not seuce                               | vac                                     |                                |
| 15      | . WAS DECEAS     | ED EVER IN U. S. ARMEI<br>(If yes, give war or date    | D FORCES?                               | 16. SOCIAL<br>SECURITY NO.           | 17 INFORMANT                            | , A                                     | DDRESS                         |
|         |                  |                                                        |                                         | 6                                    | Geveria Naus                            | 104-1600                                | W Malto St                     |
|         | 18. 4/2          | 0.0                                                    |                                         | CAUSE                                | OF DEATH                                | //                                      | INTERVAL BETWEEN               |
|         | DISEA            | SE OR CONDITION                                        | DIRECTLY                                | - A                                  | 10 -                                    | 0 1 .                                   | ONSET AND DEATH                |
|         |                  | LEADING TO DEA                                         | TH                                      | Green                                | coocleratio                             | beartdes                                | each                           |
|         | heart failt      | ure, asthenia, etc. It mes                             | ans the disease                         |                                      | *************************************** | ##                                      |                                |
|         | mjury or         | complication which                                     | caused death.                           | ) DOE TO                             | 4                                       |                                         |                                |
| ,       | THE CASE         | ANTECEDENT CAUS                                        | SES                                     | Anke                                 | Mensine - c-                            | Vderease                                | 2_                             |
| 5       |                  | S OR CONDITIONS,                                       |                                         |                                      | •••••••••••••••••••••                   |                                         |                                |
|         |                  | THE ABOVE CAUSE (A)                                    |                                         | E DUE TO                             | - 1 0-                                  |                                         |                                |
| )       | A CONTRACTOR     |                                                        |                                         | Kea                                  | M Sacles                                | el.                                     |                                |
|         |                  | 11                                                     |                                         | (C)                                  | · · · · · · · · · · · · · · · · · · ·   |                                         |                                |
|         |                  | SIGNIFICANT COND G TO THE DEATH, BUT                   |                                         |                                      |                                         |                                         |                                |
| 3       | TO THE D         | SEASE OR CONDITION                                     | CAUSING IT                              |                                      |                                         | *************************************** |                                |
| 1       | 19A. DATE C      | OF OPERATION 0                                         | 98, MAJOR                               | FINDINGS OF OPER                     | ATION                                   |                                         | 20. AUTOPSY?                   |
| ز       | 21a. ACCIDI      | ENT. SUICIDE.                                          | 1 218 PLAC                              | CE OF INJURY (e. g., i               | n or   21c. WHERE DID (                 | If in Baltimore City,                   | give exact location)           |
| ב       | HOMICIDE         | (Specify)                                              |                                         | rm, factory, street, office bldg.,   |                                         |                                         |                                |
| IA.     | 21D TIME         | (Month) (Day) (Year                                    | (Hour) 1 2                              | TE. INJURY OCCURR                    | ED 21F, HOW DID INJUR                   | V OCCUR?                                |                                |
|         | INJURY           | (month) (Day) (Teal,                                   | 5273-12                                 | HILE AT NOT WHILE                    |                                         | COCONI                                  |                                |
|         |                  |                                                        | m.                                      | WORK AT WORK                         |                                         |                                         |                                |
| i       | 22. I hereb      | y certify that I att                                   | tended the o                            | deceased from 7-                     | 12 1950, to                             |                                         | , that I last saw the          |
|         | deceased a       | live on 7-15                                           | _, 1950, α                              |                                      | red at 12 Am., from 1                   | the causes and on t                     |                                |
| j       | 237 SIGNA        |                                                        | 7                                       |                                      | Surac Itas                              | hetal                                   | 7-18-56                        |
| 2       | nem              |                                                        | prier                                   | M. D.                                |                                         | OCATION City, town                      |                                |
|         | BURIAL           | Specify) 248. DATE                                     | 2                                       | 4C. NAME OF CEMETE                   | TO O O                                  | TY IV                                   | ni di                          |
| d       | secre            | 21/-19.                                                | AO                                      | 10 was                               | get                                     | vacu                                    | 1 nec                          |
| D,      | ATE RECEIVE      |                                                        | SSIGNATUR                               |                                      | 28. FUNERAL DIRECTOR                    | h                                       | EDDRESS A                      |
| 1       | 111 1919         | 350                                                    | 1                                       | TO SULLAND IN THE                    | ack newson                              | 21000                                   | sulaw /X                       |
|         | VS 150           | 50,00                                                  | *************************************** | ing a promotion of                   |                                         | 1                                       | 000                            |
|         |                  |                                                        |                                         | - 0 V                                | 0 6 2 9                                 |                                         | 934                            |
|         |                  |                                                        |                                         |                                      |                                         |                                         |                                |



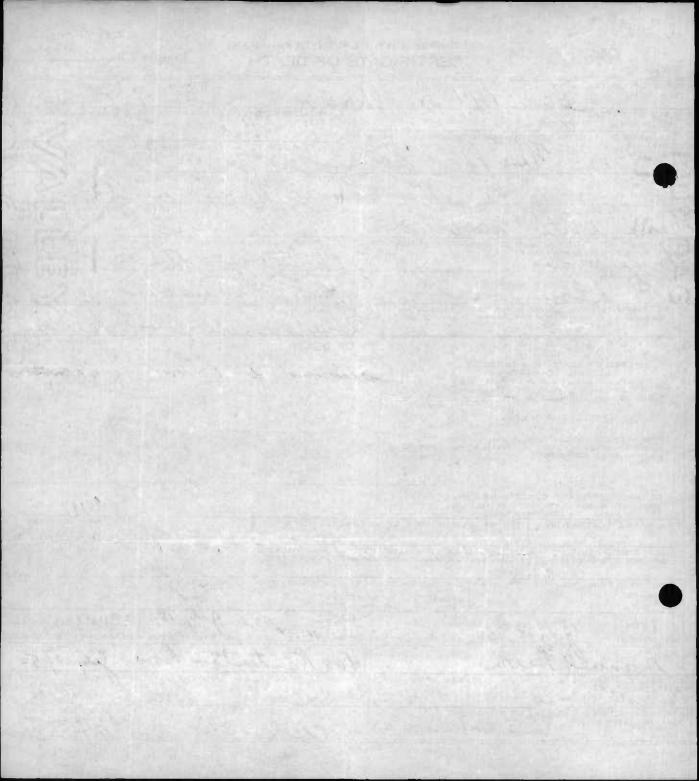
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|           | 50  | 6296 |
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| egistered | No. |      |

46E

| FO 6030300                                                                                                                                                                                                                                      | E OF DEATH Registered No                                  | 0 0630                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|
| 1. NAME OF DECEASED TOROTHY & AL                                                                                                                                                                                                                | LEX 2. DATE OF DEATH 7-1                                  | 18-50                                     |
| 3. PLACE OF DEATH:                                                                                                                                                                                                                              | 4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY | stitution: residence<br>before admission) |
| B. FULL NAME OF (If not in hospital or institution, give street address or location INSTITUTION (1270)                                                                                                                                          |                                                           | write RURAL and give                      |
| c. Length of stay in Baltimore  XISE  Mos.  Days                                                                                                                                                                                                | D. STREET ADDRESS (If rural/give location)                | we                                        |
| 5. SEX 6. COLOR OF RACE 7. SINGLE, MAPRIED, WIDOWED, LIVORCE (Specify Married)                                                                                                                                                                  |                                                           | nder I Year<br>ths Days Hours Min.        |
| 10A. USUAL OCCUPATION (Give kind of ork dyng during most of working life, every firetired)  A DULLE USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY                                                                            |                                                           | 2. CITIZEN OF<br>WHAT COUNTRY             |
| 13. FATHER'S NAME                                                                                                                                                                                                                               | 14. MOTHER'S MAIDEN NAME                                  |                                           |
| 75. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.                                                                                                                  | 17. INFORMANT ADD                                         | DRESS                                     |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES                                  | cinoma of colon                                           | 18 miles                                  |
| OTHER SIGNIFICANT CONDITIONS CON- INIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                               |                                                           |                                           |
| 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE                                                                                                                                                                                             |                                                           | YES NO Ve exact location)                 |
| HOMICIDE (Specify)  about home, farm, factory, etreet, office bidg.  TIME (Month) (Day) (Year) (Hour)  FINJURY  MILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 1970, and that death occur. | RED 21F. HOW DID INJURY OCCUR?                            | that I last saw th                        |
| 234 SIGNATURE LEVA M.D.  24A) BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMET                                                                                                                                                                       | 4818 Roustenatour Road                                    | Jesly 19/50                               |
| THE REMOVAL (Specify) 7-20-40 Rosed                                                                                                                                                                                                             | ale Palto                                                 | ADDRESS D                                 |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  IIII 9 1950  Thurtugtor Miaus, Mar                                                                                                                                                      | Talk few one 21008                                        | Section 12                                |

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

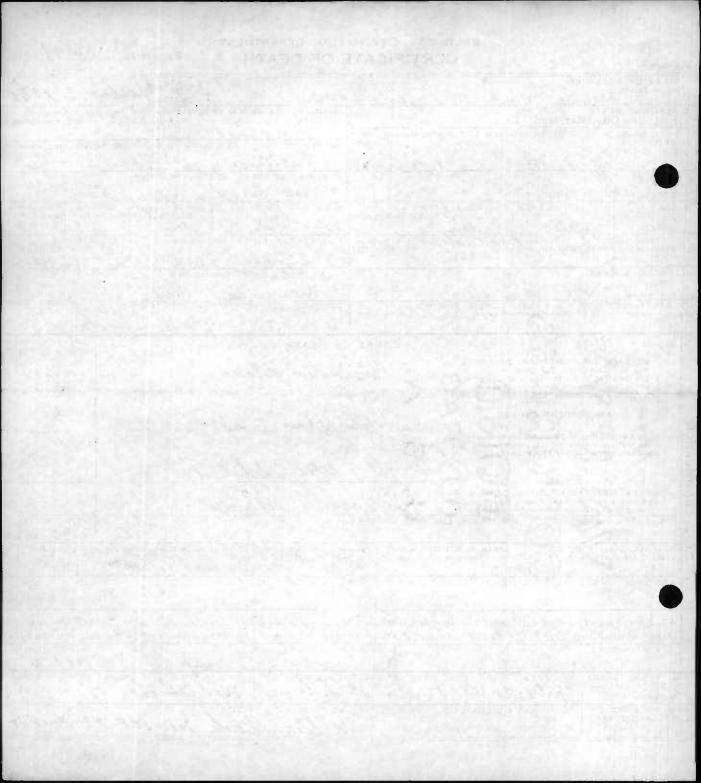
Registered No. 6297

| DI     | KIH NO.                                                                               |                                                             |                |                                                                    |                             |                          |                                            |
|--------|---------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------|--------------------------------------------------------------------|-----------------------------|--------------------------|--------------------------------------------|
|        | NAME OF D                                                                             |                                                             | PEARE          | MEERD                                                              | TER.                        | 2. DATE OF DEATH         | 418-1900                                   |
|        | PLACE OF D                                                                            |                                                             |                |                                                                    | 4. USUAL RESIDENCE (W       |                          | nstitution: residence<br>before admission) |
| В.     | FULL NAME                                                                             |                                                             | al or institut | ion, give street address or location)                              | mary-land                   |                          |                                            |
| IN     | ISTITUTION                                                                            |                                                             |                | - 1 1 -                                                            | R. r                        | outside corporate limits | write RURAL and give township)             |
| 1      | Hosp                                                                                  | ital for the                                                | Women          | of MARYLAND<br>Yrs.                                                | D. STREET ADDRESS (If       | rural, give location)    |                                            |
| C.     | Length of s                                                                           | tay in Baltimore                                            | -              | Mos.<br>Days                                                       |                             | exuatar x                | 16                                         |
|        | SEX                                                                                   | 6. COLOR OR RACE                                            |                | E, MARRIED.                                                        | 8. DATE OF BIRTH            | 9. AGE (In years         | Under 1 Year   If Under 24 Hours           |
| 0      | Temace                                                                                | welste                                                      | /              | /ED, DIVORCED (Specify)                                            | 12-19-1873                  | 76.                      | ths Days Hours Min.                        |
|        |                                                                                       | CUPATION (Give kind of<br>of working life, even if retired) |                | OF BUSINESS OR                                                     | 11. BIRTHPLACE (State or fo | reign country)           | 12. CITIZEN OF<br>WHAT COUNTRY             |
|        | _                                                                                     |                                                             | •              | INDUSTRI                                                           | Ballineae                   | md -                     | u la.                                      |
| 13     | FATHER'S                                                                              | NAME                                                        |                |                                                                    | 14. MOTHER'S MAIDEN NA      | AME                      |                                            |
|        | John                                                                                  | v m. Me                                                     | rendler        |                                                                    | Fredericka?                 | Mans.                    |                                            |
| Ye     | , oo or onknowo)                                                                      | D EVER IN U. S. ARME<br>(If yes, give war or date           | D FORCES?      | 16. SOCIAL<br>SECURITY NO.                                         | 17. INFORMANT               | AL PAD                   | DRESS                                      |
| _      |                                                                                       | SUZ#JANE                                                    |                |                                                                    | L. H. KEED - 1              | 400 W. Legin             | ylow IT.                                   |
|        | 18. 18                                                                                | /X ,                                                        |                | CAUSE                                                              | OF DEATH                    | / 6                      | ONSET AND DEATH                            |
|        | DISEAS                                                                                | LEADING TO DEA                                              |                | p                                                                  | Land Bladse                 |                          |                                            |
|        | (This does<br>heart failu                                                             | not mean the mode<br>ire, asthenia, etc. It me              | of dying, e. s | g., (A) <i>Lauda</i>                                               | ionia vocaciae              | <u></u>                  | o ys                                       |
|        | injury or                                                                             | complication which                                          | caused death   | n.) DUE TO                                                         |                             |                          |                                            |
|        |                                                                                       | ANTECEDENT CAU                                              | SES            | AL.                                                                | welfine low                 | /                        | .?                                         |
| 2      | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO |                                                             |                |                                                                    |                             |                          |                                            |
| <      |                                                                                       | YING CONDITION L                                            |                | HE DUE TO                                                          |                             |                          | 2.                                         |
| -      |                                                                                       |                                                             |                | (c) Vy                                                             | elitis, belater             | al                       |                                            |
| -      | OTHER S                                                                               | II<br>SIGNIFICANT COND                                      | ITIONS COL     |                                                                    |                             |                          |                                            |
| ı<br>I | TRIBUTING                                                                             | TO THE DEATH, BUT                                           | NOT RELATE     | ED Anheilas                                                        | that archiele               | •                        |                                            |
| 1      |                                                                                       |                                                             |                | FINDINGS OF OPER                                                   | ATION                       |                          | 20. AUTOPSY?                               |
| 3      | 44. 400:00                                                                            |                                                             | L ate Di       |                                                                    | Late Water are              | 6 to 70-14to City        | YES NO L                                   |
| FO     | HOMICIDE                                                                              | ENT, SUICIDE,<br>(Specify)                                  |                | ACE OF INJURY (e. g., ic<br>farm, factory, street, office bldg., e |                             | f in Baltimore City, gi  | ive exact location)                        |
| 2      |                                                                                       | (Month) (Day) (Year                                         | (Hour)         | 21E. INJURY OCCURRI                                                | ED 21F. HOW DID INJURY      | OCCUR?                   |                                            |
| 1      | INJURY                                                                                |                                                             | m.             | WHILE AT NOT WHILE                                                 |                             |                          |                                            |
|        | 22. I hereb                                                                           | y certify that I at                                         | tended the     | 5                                                                  | 19 50, to                   | 7/18 , 1950              | that I last saw the                        |
|        |                                                                                       | live on 7/17                                                | 1950           | and that death occur                                               | red at 12 % Am., from ti    | he causes and on th      |                                            |
|        | 23A, SIGNAT                                                                           | TURE                                                        | 0              | 2                                                                  | 3B. ADDRESS                 |                          | 23c. DATE SIGNED                           |
| 2      | 4A. BURIAL. C                                                                         | CREMA-1 24B DATE                                            | 4.7            | M. D.                                                              | RY OR CREMATORY   24D. LO   | OCATION (City, town,     | or county) (State)                         |
| ŢĮ     | Direct (S                                                                             |                                                             | 21-50          | London Pa                                                          | A                           | ltimore                  | or councy) (State)                         |
|        | ATE RECEIVED CAL REGIST                                                               | PAR Line                                                    | SSIGNATU       | 1511                                                               | 25. FUNERAL DIRECTOR        | Jac. 1217                | It Devel ST                                |
|        | 9 195                                                                                 | IU I                                                        |                | 11/1/2011                                                          | vulum Gor                   |                          | •                                          |

VS 150

owned the source mapping in

520



50 6298 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 6298

| I. NAME OF DECEASED                                                                                    | 2. DATE                                                           |                                                 |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|
| (Type or Print) ALLEN B. CROUCH                                                                        | OF DEATH July                                                     | 18,1550                                         |
| a. Baltimore City, Maryland Balto. Md.                                                                 | 4. USUAL RESIDENCE (Where deceased lived, If insti                | tution: fesidence<br>before admission)          |
| s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)       | c. CITY OR TOWN (If outside corporate limits, w                   | eite PUPAL and give                             |
| INSTITUTION Mercy Hazital                                                                              | Baltonne 12-0                                                     | township)                                       |
| 78 Yrs.                                                                                                | D. STREET ADDRESS (If rural, give location)                       |                                                 |
| c. Length of stay in Baltimore pays                                                                    | 3529 Newland Rd                                                   |                                                 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)                                 | 8. DATE OF BIRTH 9. AGE (In years   M Under last birthday) Months | 1 Year   H Under 24 Hours   Days   Hours   Min. |
| MO HENAL OSSUBATION (SI                                                                                | Jan 5, 1872 78 -                                                  |                                                 |
| 10A. USUAL OCCUPATION (Give kind of OF BUSINESS OR INDUSTRY)                                           |                                                                   | WHAT COUNTRY?                                   |
| 13. FATHER'S NAME                                                                                      | 14. MOTHER'S MAIDEN NAME I Sabella B                              | USA                                             |
|                                                                                                        | 1 Sabella B                                                       | . Chrismer                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL                                                | 17, INFORMANT                                                     | FSS                                             |
| Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.                                |                                                                   |                                                 |
| 18. 4 T/V CAUSE O                                                                                      | OF DEATH                                                          | INTERVAL BETWEEN                                |
| DISEASE OR CONDITION DIRECTLY                                                                          |                                                                   | ONSET AND DEATH                                 |
| (This does not mean the mode of dying, e.g., (A)                                                       | shapl from abdommel                                               | 5 days                                          |
| heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | aneurysm                                                          |                                                 |
| ANTECEDENT CAUSES                                                                                      |                                                                   | -1                                              |
| DISEASES OR CONDITIONS, IF ANY, GIVING                                                                 | mannic weus                                                       | 3 days                                          |
| RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.                              |                                                                   |                                                 |
|                                                                                                        | arteriosclerosis                                                  | (one                                            |
| OTHER SIGNIFICANT CONDITIONS CON-                                                                      |                                                                   |                                                 |
| TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                        |                                                                   |                                                 |
| 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA                                                    | ATION                                                             | 20. AUTOPSY?                                    |
| 21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e. g., in                                              | nor   21c. WHERE DID (If in Baltimore City, give                  | YES NO                                          |
| HOMICIDE (Specify) about home, farm, factory, street, office bldg., e                                  |                                                                   | exact location)                                 |
| 21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE                                            | ED 21F, HOW DID INJURY OCCUR?                                     |                                                 |
| MHILE AT NOT WHILE AT WORK AT WORK                                                                     |                                                                   |                                                 |
| 22. I hereby certify that I attended the deceased from Jul                                             | 4 10 1950 to July 18 19501                                        | hat I last saw the                              |
| deceased alive on July 18, 1950, and that death occur                                                  | red at 125AM from the causes and on the o                         | late stated above.                              |
| 23A. SIGNATURE 12                                                                                      | 3B. ADDRESS                                                       | 3c. DATE SIGNED                                 |
| 24A, BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETER                                                     | RY OR CREMATORY 24D. LOCATION (City, town, or o                   | ounty) (State)                                  |
| 24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETER 110N, REMOVAL (Specify) 7/20/50 Hew Cathedr          | 20+ - 741                                                         | 1                                               |
| DATE RECEIVED BY   REGISTRAR'S SIGNATURE                                                               | 25. FUNERAL DIRECTOR AD                                           | DRESS                                           |
| JUL 19 1950 Tuntington Villiams, M.F.                                                                  | H. It. Means and Sow, 805 N. Calo                                 | ert St.                                         |
|                                                                                                        |                                                                   |                                                 |

vors atdornind anturyem due to arterischer voc. of systulatic origin? menyem due to arterioselevois (not syphilis) See Donnet File 50-6 29 8-24-50

REA-139505

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| 90           | 0230 |
|--------------|------|
| egistered No |      |

BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF July 7, 1950 Leslie Josephine DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4940 Eastern Avenue Baltimore D. STREET ADDRESS Yrs. (If rural, give location) te Hospital Mos. Crownsville c. Length of stay in Baltimore Days 62 (2) 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) A h? Female Negro 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN (Yes, no or unknown) SECURITY NO. Baltimore City Hospitals Records: INTERVAL BETWEEN 18. CAUSE OF DEATH 70 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Ventricular Fibrillation (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (0) 11 OTHER SIGNIFICANT CONDITIONS CON-OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Intestinal Obstruction with Perforation 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! \_\_\_\_\_, 19 50 to July 7 \_\_\_\_\_, 19 50that I last saw the 22. I hereby certify that I attended the deceased from July 6 deceased alive on July 7 , 1950 . and that death occurred at 1:15Am., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE M. D. 4940 Eastern Avenue 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR thentington Milliams, Al VS 150 1226

address obtained from Balto. Bity Hospits. 8/28/50.

M M 139223 BIRTH NO. 50 6300

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6300

| 1. NAME OF DECEASED (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                         | 2. DATE<br>OF                           |                     |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|-----------------------------------------|---------------------|----------------------------------|
| etaude, Graves                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M NI TO                |                                         | DEATH                                   | June 26.            |                                  |
| 3. PLACE OF DEATH:  A. Baltimore City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _ A                    | I. USUAL RESIDENCE (V<br>STATE          | Where deceased liv<br>B. COUN           |                     | n : residence<br>fore admission) |
| B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                      | Maryland                                |                                         |                     | 11-14-11-11                      |
| INSTITUTION Baltimore City Hospitals 4940 Eastern Ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | iocacion,              | Crown or 1710 St                        | coutside corporat                       | e limits, write R   | URAL and give<br>township)       |
| 4)40 -8500111 256                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yrs.                   | STREET ADDRESS (If                      | rural, give location                    | on)                 | 100 11 1                         |
| c. Length of stay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mos.<br>Days           | 924                                     | Denver                                  | st.                 | over                             |
| 5. SEX   6. COLOR OF RACE   7. SINGLE, MARRIED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | DATE OF BIRTH                           | 9. AGE (in yes                          | ers If Under I Year | Il Under 24 Hours                |
| male alored WIDOWED, DIVORCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        | 1 1 1                                   | 359 STrunya                             | y) Months Day       | s Hours Min.                     |
| 10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINE work done during most of working life, even if retired)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SS OR NDUSTRY          | 1. BIRTHPLACE (State or fo              | oreign country)                         |                     | ZEN OF<br>AT COUNTRY?            |
| 13. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1-                     | 4. MOTHER'S MAIDEN N.                   | AME                                     |                     |                                  |
| - mki o.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Thu                                     | house                                   | -                   |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, oo or unknowo)   (If yes, give war or dates of service)   SECURI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | 7. INFORMANT '                          |                                         | ADDRESS             |                                  |
| (11 yes, give war or dates of service) SECURI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TY NO.                 | 13 e 71                                 |                                         |                     |                                  |
| 18. 1.5 3 V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CAUSE OF               | DEATH                                   |                                         |                     | RVAL BETWEEN                     |
| DISEASE OR CONDITION DIRECTLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | DEATH                                   |                                         | ONSE                | T ANO DEATH                      |
| LEADING TO DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Shock                  |                                         |                                         |                     |                                  |
| (This does not mean the mode of dying, e.g., (A)<br>heart failure, asthenia, etc. It means the disease,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - IIV OIL              | *************************************** | *************************************** |                     |                                  |
| injury or complication which caused death.) DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | And the second second                   | ¥ 100                                   | AND R               |                                  |
| ANTECEDENT CAUSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The Auch               | 1. Postonated 1                         | A thousand                              | 7                   |                                  |
| Z DISEASES OR CONDITIONS, IF ANY, GIVING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | r rengo                | le Perforated 1 ma with hemorrha        | SIEG HOME                               | -                   |                                  |
| RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | carcinon               | B With nemotina                         | ga                                      |                     |                                  |
| UNDERLYING CONDITION LAST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | *************************************** | •••••                                   |                     |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                         |                                         |                     |                                  |
| OTHER SIGNIFICANT CONDITIONS CON-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                         |                                         |                     |                                  |
| TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                         |                                         |                     |                                  |
| 19A. DATE OF OPERATION 19B. MAJOR FINDINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OF OPERAT              | ION                                     |                                         | [20                 | AUTOPSY?                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                         | YES                                     | No X                |                                  |
| 21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RY (e. g., io or       | 21c. WHERE DID (                        | If in Baltimore                         |                     |                                  |
| 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t, office bldg., etc.) | INJURY OCCUR?                           |                                         |                     |                                  |
| O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OCCURRED               | 21F. HOW DID INJUR                      | Y OCCUR?                                |                     |                                  |
| INJURY WHILE AT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NOT WHILE              |                                         |                                         |                     |                                  |
| m.   WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6 2                    | 6-50 19 to 6                            | 5-26                                    | 10 50               |                                  |
| 22. I hereby certify that I attended the deceased fr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0110                   |                                         | ,                                       | 19 50 that 1        |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | d at 11 : AMon., from t                 | he causes and                           |                     |                                  |
| 23A. SIGNATURE . Asym                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | 940 Eastern Ave                         |                                         |                     | 0-50                             |
| 24A. BURIAL, CREMA-<br>TION, REMOVAL (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0-1157504              | OR CREMATORY 240. L                     |                                         | town, or count      | y) (State)                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Unitera                |                                         |                                         |                     |                                  |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | 5. FUNERAL DIRECTOR                     | Maalth                                  | ADDRE               | .55                              |
| 1111 191950 Huntington / Villianill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SIME                   | 5. FUNERAL DIRECTOR                     | Mostav                                  |                     |                                  |
| VS 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                         |                                         |                     |                                  |
| Dell' Control of the | 7                      |                                         |                                         | .40                 | E                                |
| The American Control of the Control |                        | , (2 () ()                              |                                         | / -                 |                                  |

Information obtained from State Board of Health. 8/28/50.

Joseph Lockner

1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6301 Registered No.

OF July 4, 1950

|                                                                                                                                             | City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                 | 4. USUAL RESIDENCE (                                                      | Where deceased lived. If<br>B. COUNTY | institution : residence<br>before admission)           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------|--|
| B. FULL NAME<br>HOSPITAL OR<br>INSTITUTION                                                                                                  | Baltimore C<br>4940 Eastern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11.T HAS                 | on, give street address or pitals location)                     | Maryland c. CITY OR TOWN (I Baltimore                                     | f outside corporate limi              | ts, write RURAL and give                               |  |
| c. Length of s                                                                                                                              | tay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | Life Yrs. Mos. Days                                             | D. STREET ADDRESS (If                                                     | rural, give location)                 |                                                        |  |
| 5. SEX<br>Male                                                                                                                              | 6.COLOR OR RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Singy                    | . MARRIED,<br>ED, DIVORCED (Specify)                            | Nov. 2, 1884                                                              | 9. AGE (In years last birthday)       | If Under 1 Year on the Days Hours Min.                 |  |
| 10A, USUAL OC<br>ork done during most                                                                                                       | CUPATION (Give kind of of working life, even if retired)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10B. KIND                | OF BUSINESS OR INDUSTRY                                         | 11. BIRTHPLACE (State or f                                                | oreign country)                       | 12. CITIZEN OF<br>WHAT COUNTRY                         |  |
|                                                                                                                                             | eceased)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                 | ( Deceased )                                                              |                                       |                                                        |  |
| 15. WAS DECEASI<br>Yee, no or unknown)                                                                                                      | ED EVER IN U.S. ARMEI<br>(1f yes, give wer or dete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FORCES?<br>s of service) | 16. SOCIAL<br>SECURITY NO.                                      | Records Baltim                                                            | eret CityaHoni                        | DDRESS<br>tals                                         |  |
| (This does heart failu injury or DISEASES                                                                                                   | LEADING TO DEAT<br>DEATING TO DEAT<br>TO THE TO | FANY, GIVING             | (A) Hypert                                                      | OF DEATH ensive Arteriosc                                                 | lerotic Cardi                         | interval Between onset and Death  to Vascular  Disease |  |
| UNDERLY                                                                                                                                     | HE ABOVE CAUSE (A) /ING CONDITION LA  II IGNIFICANT CONDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | st.                      | (C)                                                             |                                                                           |                                       |                                                        |  |
| TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                 |                                                                           |                                       |                                                        |  |
|                                                                                                                                             | ENT WAS UNDER-<br>R CONTRIBUTING DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | CE OF INJURY (e.g., in<br>rm, factory, street, office bldg., et |                                                                           | If in Baltimore City,                 | yes No X                                               |  |
| 21D. TIME (                                                                                                                                 | Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | w                        | HILE AT NOT WHILE WORK                                          | D 21F. HOW DID INJUR                                                      | Y OCCUR7                              |                                                        |  |
| 22. I hereby<br>deceased al<br>23A. SIGNAT                                                                                                  | ive on July 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nded the d               | and that death occur                                            | ch 23 , 1949, to June at 5:00 AM., from to Bas. ADDRESS 4940 Eastern Aver | he causes and on ti                   | he date stated above.                                  |  |
| 24A. BURIAL, C                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12                       | 4c. NAME OF CEMETER                                             |                                                                           | OCATION (City, town,                  | 7-10-50<br>(State)                                     |  |
| DATE RECEIVED                                                                                                                               | RAR REGISTRAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ton Mu                   | liants, No                                                      | 25. FUNERAL DIRECTOR                                                      | i Helth                               | ADDRESS                                                |  |
| JUVS 150                                                                                                                                    | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 15                     | . At                                                            |                                                                           | - And the                             | 93)                                                    |  |

Marily and Marille Tool Service 

1. NAME OF DECEASED (Type or Print)

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

2. DATE OF DEATH

| (T         | ype or Print) WI                                                                              | LLIAM MIL          | TON GILL                                  |                                                                          | DEATH                           | July 17,              | 1950           |  |  |
|------------|-----------------------------------------------------------------------------------------------|--------------------|-------------------------------------------|--------------------------------------------------------------------------|---------------------------------|-----------------------|----------------|--|--|
| A.         | PLACE OF DEATH:<br>Baltimore City, Maryland                                                   |                    |                                           | 4. USUAL RESIDENCE (WA. STATE                                            |                                 | f institution : re    |                |  |  |
|            | FULL NAME OF (If not in hosp                                                                  | tal or institution | , give street address or location)        |                                                                          |                                 |                       |                |  |  |
| IN         | 5217 Tramore                                                                                  | Rd.                |                                           | Baltimore (11 outside corporate innits, write ito KAL and give township) |                                 |                       |                |  |  |
| - (        |                                                                                               |                    | Yrs.                                      | D. STREET ADDRESS (If                                                    | rural, give location)           | , ,                   |                |  |  |
|            | Length of stay in Baltimore                                                                   |                    | Mos.<br>Days                              | 5217 Tramore R                                                           |                                 |                       |                |  |  |
|            | SEX 6.COLOR OF RACE                                                                           | 7. SINGLE.         | MARRIED.                                  | 8. DATE OF BIRTH                                                         | 9. AGE (In years last birthday) | If Under 1 Year   If  | Under 24 Hours |  |  |
|            | male white                                                                                    | marr               |                                           | Mar. 18, 1872                                                            | 78                              |                       |                |  |  |
|            | A. USUAL OCCUPATION (Give kind of kdone during most of working life, even if retired WATCHMAN |                    | F BUSINESS OR INDUSTRY                    | 11. BIRTHPLACE (State or for Maryland                                    | oreign country)                 | 12. CITIZEN<br>WHAT C | OUNTRY?        |  |  |
| 13         | B. FATHER'S NAME                                                                              |                    |                                           | 14. MOTHER'S MAIDEN N                                                    | AME                             |                       |                |  |  |
|            | William M. Gill                                                                               |                    |                                           | Estelle                                                                  |                                 |                       |                |  |  |
| 15<br>(Ye: | s. WAS DECEASED EVER IN U. S. ARM (If yee, give war or da                                     | tes of service)    | 6. SOCIAL<br>SECURITY NO.                 | 17. INFORMANT Mrs. Anna Gill                                             |                                 | address<br>ore Rd.    |                |  |  |
|            | - F @                                                                                         | 12                 |                                           |                                                                          |                                 |                       | BETWEEN        |  |  |
|            | 18. 6900.01                                                                                   |                    | CAUSE                                     | OF DEATH                                                                 | . 0                             | ONSET A               | ND DEATH       |  |  |
|            | DISEASE OR CONDITION<br>LEADING TO DE                                                         | ATH                |                                           | ulmonary                                                                 | embolu                          | 0                     |                |  |  |
|            | (This does not mean the mode<br>heart failure, asthenia, etc. It m                            | eans the disease,  | (A)                                       |                                                                          | *****************************   |                       | ••••••••       |  |  |
|            | injury or complication which                                                                  | caused death.)     | DUE TO                                    | 10. (0)                                                                  |                                 |                       |                |  |  |
| _          | ANTECEDENT CAL                                                                                | JSES               | () h                                      | lebo to Kyon                                                             | choses                          |                       |                |  |  |
| O          | DISEASES OR CONDITIONS,                                                                       |                    | (B)                                       |                                                                          | CELTICAT                        | ON PERCV              | ED BY          |  |  |
| ATI        | UNDERLYING CONDITION                                                                          |                    | DUE TD                                    |                                                                          | 011                             | 1                     |                |  |  |
| FICA       |                                                                                               |                    |                                           |                                                                          | 0280                            | rober                 | -64 (8)        |  |  |
|            | II                                                                                            |                    | (C)                                       | 2                                                                        | VEF UIT ASS                     | T AAET CAR S          | and the sales  |  |  |
| ERT        | OTHER SIGNIFICANT CON<br>TRIBUTING TO THE DEATH, BU                                           | T NOT RELATED      | (7)                                       | rockere a                                                                | Y Laner                         |                       | uls.           |  |  |
| U          | 19A. DATE OF OPERATION                                                                        | 198. MAJOR F       | INDINGS OF OPER                           | ATION                                                                    | 0                               | 20. AU                | TOPSY?         |  |  |
| AL         | ISA. BATE OF OFERATION                                                                        |                    |                                           |                                                                          |                                 | YES                   | X DN           |  |  |
| EDICA      | 21A. ACCIDENT, SUICIDE.                                                                       | 21B. PLAC          | E OF INJURY (e.g.,                        |                                                                          | If in Baltimore City            | , give exact loc      | ation)         |  |  |
| H          | HOMICIDE (Specify)                                                                            | about home, lari   | n, factory, street, office bldg.,<br>home | 5217 Tramore                                                             | Road                            | 273                   |                |  |  |
| Σ          | D. TIME (Month) (Day) (Yea                                                                    | r) (Hour)   21     | E. INJURY OCCURR                          |                                                                          |                                 |                       |                |  |  |
| L          | June, 1950                                                                                    |                    | ILE AT NOT WHILE                          | x Fell down cel                                                          | lar steps                       |                       |                |  |  |
|            | 1                                                                                             |                    |                                           | June 1950 to                                                             | July 17, 19                     | 50 that I las         | t saw the      |  |  |
|            | descased alive on A                                                                           | 171950 m           | eceased fromnd that death occu            | // - 2 -                                                                 | the causes and on               |                       |                |  |  |
|            | 23A SIGNATURE                                                                                 | 120                |                                           | 38. ADDRESS                                                              | 00                              | 23c. DATE             |                |  |  |
|            | Charles of                                                                                    | . Ala              | atk M.D.                                  | 2008 Kamp                                                                | award to                        | 4 7/17                | 150            |  |  |
| 2.         | 4A. BURIAL, CREMA- 24B. DATE                                                                  | pe                 | NAME OF CEMETE                            | RY OR CREMATORY 24D. L                                                   | OCATION (City, tow              | n, or county)         | (State)        |  |  |
| 11         | ON REMOVAL (Specify) 7/20/                                                                    | 50                 | Mt. Olivet                                | Cem. Balt                                                                | o., Md.                         |                       |                |  |  |
|            | OCAL REGISTRAR                                                                                | R'S SIGNATUR       | e maile, Me.                              | Dem. Director                                                            | kner & So                       | ADDRESS BU            | eto,           |  |  |
| -          | VS 150                                                                                        |                    |                                           |                                                                          |                                 | . 41                  | Trul           |  |  |
|            | N-821. HA780                                                                                  | 7                  |                                           | E A                                                                      |                                 | 186a                  |                |  |  |
|            | 071.11                                                                                        |                    | 36                                        | C V                                                                      |                                 |                       |                |  |  |

-615 50 6303

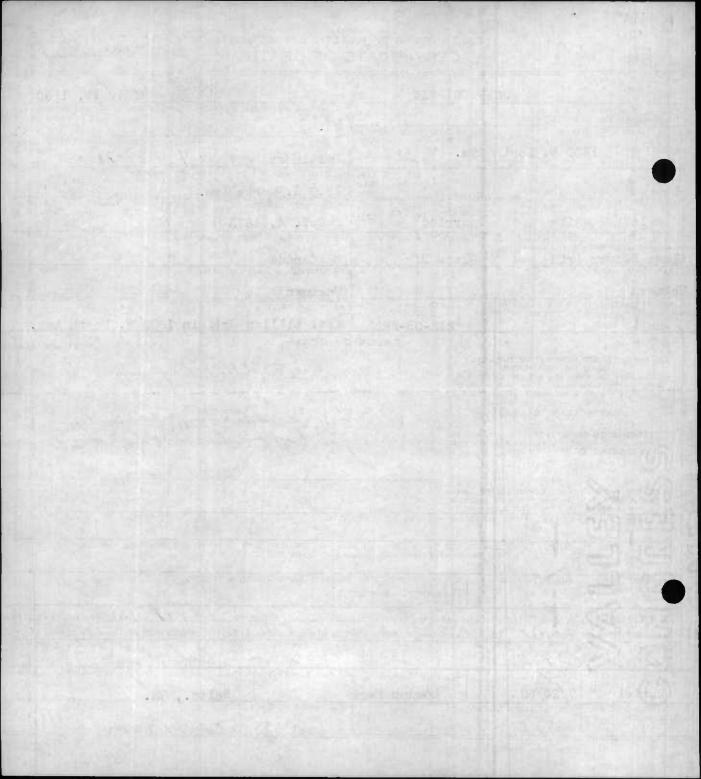
1. NAME OF DECEASED

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6303

2. DATE

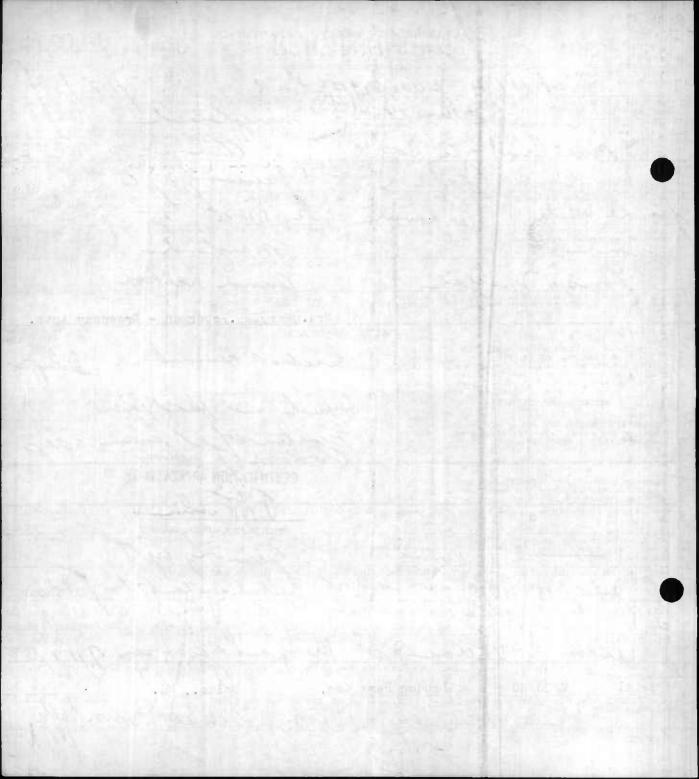
| 1                                      | pe or Print)                  |                                |                                                                              | JOHN (                              | RIFFIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          | DEATH JU              | ly 17. 1950                         |
|----------------------------------------|-------------------------------|--------------------------------|------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|-------------------------------------|
| ١.                                     | PLACE OF D<br>Baltimore (     | City, M                        |                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. USUAL RESIDENCE (VA. STATE            |                       |                                     |
|                                        | FULL NAME                     | OF (                           | If not in hospit                                                             | al or institu                       | tion, give street address or<br>location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | outside corporate lin | nits, write RURAL and give          |
| N                                      | NSTITUTION 1800 W. North Ave. |                                |                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Baltimore                                | 1 40 - 12             | township)                           |
| 4                                      |                               |                                |                                                                              |                                     | Yrs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | rural, give location) | 1.5                                 |
|                                        | Longth of a                   | torr in                        | Daltimana                                                                    |                                     | Mos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                       |                                     |
| -                                      | Length of s                   |                                | OR OR RACE                                                                   | 7. SINGL                            | Days E. MARRIED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8. DATE OF BIRTH                         | 9. AGE (In years)     | if Under I Year   If Under 24 Hours |
|                                        | male                          |                                | hite                                                                         | WIDOV                               | VED, DIVORCED (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Oct. 4, 1873                             | last birthday) 76     | Months Days Hours Min.              |
| O                                      | A. USUAL OC                   | CUPAT                          | ON (Give kind of life, even if retired)                                      | 108. KINI                           | O OF BUSINESS OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11. BIRTHPLACE (State or f               | oreign country)       | 12. CITIZEN OF<br>WHAT COUNTRY?     |
|                                        | lass Blo                      |                                |                                                                              |                                     | ass Mfg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Canada                                   |                       | WHAT COOKING                        |
| 3                                      | FATHER'S                      | NAME                           |                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14. MOTHER'S MAIDEN N                    | AME                   |                                     |
| _                                      | nknown                        | T. P. SWED                     |                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unknown                                  |                       |                                     |
| 15                                     | , no or unknown)              | (If you                        | IN U. S. ARMEI                                                               | of service)                         | 16. SOCIAL<br>SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 17. INFORMANT                            |                       | ADDRESS                             |
|                                        | no                            |                                |                                                                              |                                     | 212-05-8223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mrs. Lillian Gri                         | ffin 1800 W           | . North Ave.                        |
|                                        | 18.                           | V / L                          | 1                                                                            |                                     | CAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF DEATH                                 |                       | INTERVAL BETWEEN                    |
|                                        | (This does<br>heart failt     | LEAD<br>s not me<br>are, asthe | CONDITION<br>ING TO DEA<br>ean the mode<br>enia, etc. It mes<br>eation which | TH<br>of dying, e.<br>ans the dises | g., (A) Chia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and Scentth                              | & Neform              | 4                                   |
| יייייייייייייייייייייייייייייייייייייי | RISE TO T                     | S OR CO                        | EDENT CAUSE ONDITIONS, INVECAUSE (A) CONDITION LA                            | F ANY, GIVI<br>STATING T<br>AST.    | (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | My pools                                 | Lypoths<br>ie Cong    | Canton                              |
| 1                                      | TRIBUTIN                      | G TO TH                        | E DEATH, BUT                                                                 | NOT RELAT                           | LFO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                       |                                     |
| 1                                      | 19A. DATE C                   |                                |                                                                              |                                     | R FINDINGS OF OPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ATION                                    |                       | 20. AUTOPSY?                        |
| 200                                    | 21A. ACCIDI<br>HOMICIDE       | ENT, SL<br>(Spec               |                                                                              | 21B. PL<br>about home               | ACE OF INJURY (e. g., i<br>farm, factory, atreet, office bldg.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n or 21c, WHERE DID (etc.) INJURY OCCUR? | If in Baltimore City  | , give exact location)              |
|                                        | D. TIME                       | (Month)                        | (Day) (Year                                                                  | ) (Hour)<br>m.                      | 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | Y OCCUR?              |                                     |
|                                        | 22. I hereh                   | n certi                        | fu that I at                                                                 | tended the                          | e deceased from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1940, to                                 | July 17 19            | 50, that I last saw the             |
|                                        |                               |                                |                                                                              |                                     | and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2 /2 / /                                 |                       | the date stated above.              |
|                                        | 234. SIGNA                    |                                |                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 38. ADDRESS                              | 6701                  | 23c. DATE SIGNED                    |
| 2                                      | A. BURIAL,                    | CREMA                          | 24B. DATE                                                                    | 14                                  | 24c. NAME OF CEMETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | OCATION (City, too    | vn, or county) (State)              |
| 110                                    | N REMOVAL (S<br>Burial        | Specify                        | 7/20/50                                                                      |                                     | Loudon Park                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          | lto. Md.              |                                     |
|                                        | ATE RECEIVE                   |                                | REGISTRAR                                                                    | - In l                              | Villianus, Ale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 25. FUNERAL DIRECTOR                     | lever V               | address with                        |
|                                        | VS 150                        |                                | +                                                                            | 60                                  | in the state of th |                                          | 1                     | 31a Md.                             |
| -66                                    |                               |                                |                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                       | CAUSE CONTRACTOR AND                |



BALTIMORE CITY HEALTH DEPARTMENT Registered No 63114 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COONTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. Mos. c. Length of stay in Baltimore Davs MARRIED 5. SEX 6. COLOR OR RACE If Under I Year 7. SINGLE. 8. DATE BIRTH AGE (In years If Under 24 Hours Months: Days Hours Min. WIDOWED, DIVORCED (Specify last birthday) 1 done JOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR . BIRTHELACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? nauce 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Harry E. Peterman - Greenway Apts. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... RTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES CHIEF OR ASST. MEDICAL EXAMINER 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City give exact location) 21A. ACCIDENT WAS UNDERebout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING deme CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY DECURY INJUR: NOT WHILE WORK 1960 22. I hereby certify that I attended the deceased from 19 That I last saw the deceased alive on 4 17, 19 30, and that death/pecurreft at 1.151 m., frog/the cluses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE LOCATION (City, town, or county) CEMETERY OR CREMATORY TION, REMOVAL (Specify) Burial 7/20/50 Loudon Park Cem. Balto. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTER "knutrualor VS 150

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| Ki        | 50<br>RTH Nb. 19                      | 6205<br>3. El 3. Fedda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ВА                                      | LTIMORE CITY F                                           |            |                    |                             | red No. 6             | 305                             |
|-----------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|------------|--------------------|-----------------------------|-----------------------|---------------------------------|
|           | NAME OF D                             | ECÉASED<br>MARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (MARYA                                  | NNA) ZAMERSK                                             | I          |                    | 2. DATE<br>OF<br>DEATH JI   | ıly 16, 19            | 50                              |
|           | PLACE OF D                            | EATH:<br>City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                          | 4. USUA    |                    | NCE (Where deceased live    | ed. If institution: r |                                 |
| B.<br>He  | FULL NAME<br>OSPITAL OR<br>ISTITUTION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | al or institu                           | tion, give street address location                       | Mar        | yland<br>OR TOWN   |                             |                       |                                 |
|           |                                       | 503 S. Bradfo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ord Str                                 | reet                                                     | Bal        | timore             | 1-0                         | 3                     | township)                       |
|           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Yrs.<br>Mos                                              |            | T ADDRE            | SS (If rural, give location | n)                    |                                 |
|           |                                       | tay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Life                                    | Day                                                      | 503        |                    | adford Street               |                       |                                 |
|           | sex<br>male                           | 6.COLOR OR RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | WED, DIVORCED (Specif                                    |            | of BIRTH<br>er 15. | last birthday               | months Days           | If Under 24 Hours<br>Lours Min. |
| 10        | A. USUAL OC                           | CUPATION (Give kind of of working life, even if retired)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 108. KIN                                |                                                          | 11. BIRTH  |                    | State or foreign country)   | 12. CITIZE            |                                 |
|           | lousehold                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | INDUSTR                                                  |            | ryland             |                             | WHAT                  | COUNTRY?                        |
| 13        | FATHER'S                              | VAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                                          | 14. MOTH   | ER'S MA            | IDEN NAME                   |                       |                                 |
|           | Joseph                                | Czosnowski                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                                          | Teo        | fila T             | rybulska                    |                       |                                 |
| 15<br>(Ye | . WAS DECEAS                          | ED EVER IN U. S. ARMEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FORCES?                                 | 16. SOCIAL<br>SECURITY NO.                               | 17. INFO   | RMANT              |                             | ADDRESS               |                                 |
| ,         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , , , , , , , , , , , , , , , , , , , , | SECORITI NO.                                             | Mr. An     | thony              | Zamerski 1801 I             | Bank Stree            | t                               |
|           | 18. 4                                 | 22.1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | CAUSE                                                    | OF DEA     |                    |                             | INTERVA               | L BETWEEN                       |
|           | (This does                            | SE OR CONDITION LEADING TO DEA's not mean the mode of the complication which complication which complication which complication who complication which complication w | TH<br>of dying, e.<br>ns the disea      | se, Myses                                                | refial.    | Degee              | anton                       | 34                    | <b>~</b> :                      |
| z         |                                       | ANTECEDENT CAUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | au                                      | leurs fectied                                            | is · va    | suls               | & Linear                    | 34                    | •                               |
| ATIO      | RISE TO T                             | S OR CONDITIONS, 1<br>THE ABOVE CAUSE (A)<br>YING CONDITION LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATING T                               | HE DUE TO                                                |            |                    |                             |                       |                                 |
| FIC       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | (C)                                                      | HI         | (EXI               | FICATION APPROVED           | ВУ                    |                                 |
| CERTIF    | TRIBUTING                             | II<br>SIGNIFICANT CONDI<br>TO THE DEATH, BUT<br>ISEASE OR CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NOT RELAT                               | ED                                                       |            | 109                | Sfrsher                     | _M. v.                |                                 |
| AL        | 19A. DATE C                           | OF OPERATION   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 98. MAJOF                               | R FINDINGS OF OPE                                        | RATION     |                    | OR ABOT, MEDICAL EXAMIN     | 20. AL                | JTOPSY?                         |
| EDICA     |                                       | DENT WAS UNDER. R CONTRIBUTING DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | ACE OF INJURY (e. g., farm, factory, street, office bldg |            | WHERE D            |                             | City, give exact lo   | cation)                         |
| Σ         | D. TIME                               | (Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | 21E. INJURY OCCUR                                        |            | HOW DID            | INJURY OCCUR?               |                       | 77/19                           |
|           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | m.                                      | WORK L AT WORK                                           | السا       |                    | 5. 1 8 1/                   |                       |                                 |
|           |                                       | y certify that I att                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                                          | umad at 9  | 194                |                             | 195, that I la        |                                 |
|           | deceased a                            | TURE V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _, 133                                  | and that death occ                                       | 23B. ADDRI | ESS                | from the causes and         |                       | E SIGNED                        |
|           | The                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | loy                                     | м. р.                                                    | 4261       | . Pak              | Levy Park 4                 |                       | 150                             |
| 24<br>TI  | AA. BURIAL.                           | CREMA- 24B. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | 24C. NAME OF CEMET                                       | ERY OR CRE | MATORY             | 240. LOCATION (CN)          | CONTROL county)       | (State)                         |
| affirm.   | urial                                 | July 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1950                                    | Holy Rosary                                              |            |                    | Baltimore                   | Mary                  | land                            |
|           | ATE RECEIVE                           | D BY REGISTRAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                          | 25. FUNE   | RAL DIR            |                             | ADDRESS               |                                 |

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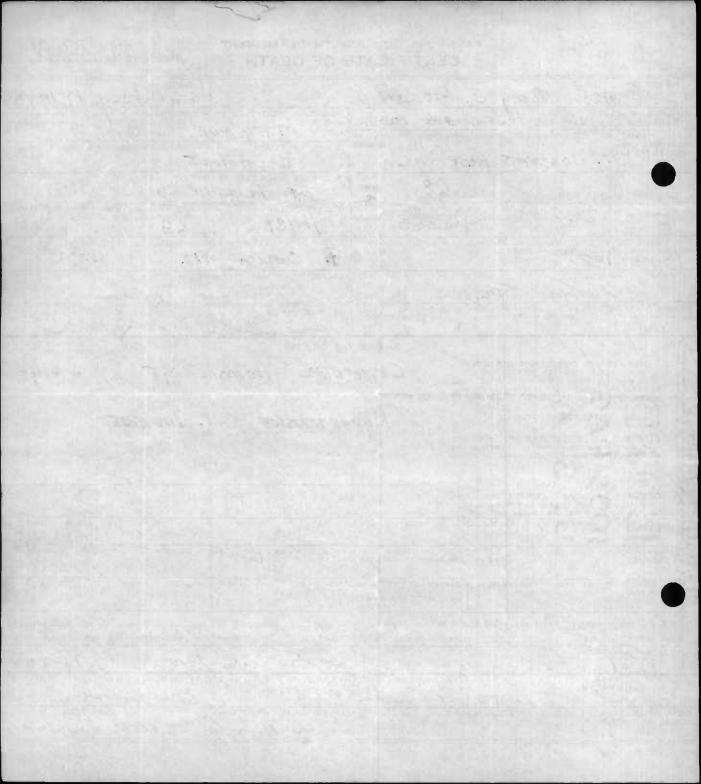
est in the first figure and the second secon THE PROPERTY OF THE PROPERTY O BREAT WE WELL STORY LAST THE LEWIS COURSE

LILSTON 50 6306

### BALTIMORE CITY HEALTH DEPARTMENT

.. 50 6306

| 81        | RTH NO.                                | 0000                                                     |                                    | CERTIFICATI                             | E OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Registered                              | No                                       |                                         |
|-----------|----------------------------------------|----------------------------------------------------------|------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------|
| -         | NAME OF D                              | ECEASED .                                                |                                    | 1                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. DATE /                               |                                          |                                         |
|           | ype or Print)                          |                                                          | 4 E.                               | 410570N                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DEATH VU                                | 4 17,                                    | 1950                                    |
|           | Baltimore (                            | EATH:<br>City, Maryland                                  | (ST. JOS                           | SEPHS HOSP)                             | 4. USUAL RESIDENCE (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Where deceased lived, I<br>B. COUNTY    | f in titution : re                       |                                         |
| В.        | FULL NAME                              |                                                          |                                    | ion, give street address or             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ND Gal                                  | timor                                    | Sum                                     |
| IN        | OSPITAL OR ISTITUTION -                | ST. JOSEPH                                               | e 11                               | location)                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | f outside corporate lim                 | 4 1 2                                    | AL and give<br>township)                |
| Ц         | -                                      | 1. JOSEPH                                                | 0 1403                             |                                         | BALTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | ndall                                    |                                         |
| 23        |                                        |                                                          |                                    | / 8 Yrs.                                | D. STREET ADDRESS (I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _                                       | 6200                                     |                                         |
| -         |                                        | tay in Baltimore                                         |                                    | - Ays                                   | 24 Fings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                          |                                         |
| 5.        | SEX                                    | 6. COLOR OF RACE                                         | WIDOW                              | E, MARRIED,<br>VED, DIVORCED (Specify)  | 12/19/8/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9. AGE (In years last birthday)         | If Under   Year   If<br>Ionths Days   If | f Under 24 Hours<br>Lours: Min.         |
|           |                                        | CUPATION (Give kind of of working life, even if retired) |                                    | OF BUSINESS OR INDUSTRY                 | 11. BIRTHPLACE (State or :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 44                                      | 12. CITIZEN                              | N OF<br>COUNTRY                         |
|           | Housek                                 |                                                          |                                    |                                         | 3 DEUA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 14/0.                                   | 0.5/4                                    |                                         |
| 13        | FATHER'S                               | NAME                                                     |                                    |                                         | 14. MOTHER'S MAIDEN N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                          |                                         |
|           | a                                      | dalfo .                                                  | STIEGL                             | ok                                      | Cathere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ne the                                  | mely                                     |                                         |
| 15<br>(Ye | . WAS DECEAS                           | ED EVER IN U. S. ARMEI                                   | FORCES?                            | 16. SOCIAL<br>SECURITY NO.              | 17. INFORMANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                       | ADDAESS                                  |                                         |
| `         | NU                                     |                                                          |                                    | 111111111111111111111111111111111111111 | Thomas Clarke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - 1907 7:                               | yles a                                   | d.                                      |
|           | 18. 444                                | /3 V                                                     |                                    | CAUSE                                   | OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                       |                                          | L BETWEEN                               |
|           | DISEA                                  | SE OR CONDITION                                          |                                    |                                         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | ONSET                                    | O A                                     |
|           | (This does                             | LEADING TO DEA                                           | TH of dying, e.                    | (A) CERE                                | FBRAL Itemo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CR HAGE                                 | 2                                        | 75                                      |
|           | heart failt                            | ire, asthenia, etc. It mer                               | ans the diseas                     | se,                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                          |                                         |
|           | 34,000                                 |                                                          |                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                          |                                         |
| z         |                                        | ANTECEDENT CAU                                           | SES.                               | Ngp                                     | ERTENSIVE C-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | V. DISUPO                               | <b>E</b>                                 |                                         |
| TION      | DISEASES OR CONDITIONS, IF ANY, GIVING |                                                          |                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                          | *************************************** |
| AT        |                                        | YING CONDITION L                                         |                                    | HE DUE TO                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                          |                                         |
| FIC       |                                        |                                                          |                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                          |                                         |
| E         |                                        | 11                                                       |                                    | (C)                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************************** |                                          |                                         |
| ERTI      | TRIBUTIN                               | SIGNIFICANT COND<br>G TO THE DEATH, BUT                  | NOT RELAT                          | ED                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                          |                                         |
| U         |                                        | OF OPERATION                                             |                                    | FINDINGS OF OPER                        | RATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | 1 20. AL                                 | JTOPSY?                                 |
| AL.       |                                        |                                                          |                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | YES                                      | ] NO [                                  |
| EDICAL    |                                        | ENT. SUICIDE.                                            |                                    | ACE OF INJURY (e.g., i                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (If in Baltimore City,                  | give exact loc                           | cation)                                 |
| 田田        | HOMICIDE                               | (Specify)                                                | about home,                        | farm, factory, street, office bldg      | etc.) INJURY OCCUR?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                          |                                         |
| Σ         |                                        | (Month) (Day) (Year                                      | (Hour)                             | 21E. INJURY OCCURR                      | ED 21F. HOW DID INJUF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RY OCCUR?                               |                                          |                                         |
|           | INJURY                                 |                                                          |                                    | WHILE AT NOT WHILE                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                          |                                         |
|           |                                        |                                                          | m.                                 | WORK AT WORK                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10                                      |                                          | .1                                      |
|           |                                        | y certify that I at                                      |                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , 19_                                   |                                          |                                         |
|           | deceased a                             |                                                          |                                    |                                         | rred atm., from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ine causes and on                       |                                          | E SIGNED                                |
|           | 200.00                                 | 11.110                                                   | 1000                               | 2 4 5                                   | La tourlin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14m.                                    | 7-18                                     | - 10                                    |
|           | 4A. BURIAL.                            |                                                          |                                    | 24c. NAME OF CEMETE                     | RY OF CHEMATORY   24D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LOCATION (City, tow                     | n, or county)                            | (State)                                 |
| TI        | ON, REMOVAL                            | 1// 7                                                    | 1-16                               | X da                                    | > Ruch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Bulte                                   | Tope                                     |                                         |
| -         | ATE RECEIVE                            |                                                          |                                    | JRE                                     | 25, FUNERAL DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2                                       | ADDRESS                                  |                                         |
|           | OCAL REGIST                            |                                                          | There is the state of the state of | Maddle jilliam                          | George M. Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | les 7 eta                               | sevita.                                  | the st                                  |
| =         | 101 1                                  | 3 1040                                                   | 1                                  |                                         | The state of the s | 1                                       | 7                                        | /                                       |
|           | VS 150                                 |                                                          | 1000                               | TO 1 1 1 1                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 921                                      | )                                       |
|           |                                        |                                                          |                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 10)                                      |                                         |



| B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR IOCATION)  C. CITY OF TOWN (If outside corporate limits, write RURA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 1. NAME OF DECEASED  1. NAME OF DECEASED  1. NAME OF DECEASED  2. DATE OF DEATH  OF DEATH  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OF TOWN (If outside corporate limits, write RURA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| 3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OF TOWN (If outside corporate limits, write RURA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)  C. CITY OR TOWN (If outside corporate limits, write RURA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 150                                     |
| B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)  C. CITY OR TOWN (If outside corporate limits, write RURA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | idence<br>dmission)                     |
| INSTITUTION TOWNS HOPKINS HOSPITAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | and win                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | township)                               |
| Yrs. D. STREET ADDRESS (If rural, give location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| c. Length of stay in Baltimore Days 5 / Marijan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ndox 24 11                              |
| Well White WIDOWED BIVORED (Specify) 2-12-145 last birthday) Months: Days Ho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nder 24 Hours<br>ars Min.               |
| 10A. USUAL OCCUPATION (Givekind of working life, even if retired)  10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) WHAT CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |
| 13. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| Flord M Penner Mind Thank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 5 4                                   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nnknown) (If yee, give war or dates of service) SECURITY NO. 11. INFORMANT HOPLING HOSPITIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 18. J 9 X I CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BETWEEN<br>D DEATH                      |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | diete                                   |
| heart failure, asthenia, etc. It means the disease, Injury or complication which caused death)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ••••••••••••••••••••••••••••••••••••••• |
| ANTECEDENT CAUSES  Vaphunis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 246                                     |
| Z DISEASES OR CONDITIONS, IF ANY, GIVING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ******                                  |
| RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |
| UNDERLYING CONDITION LAST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |
| UNDERLYING CONDITION LAST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |
| UNDERLYING CONDITION LAST.  (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |
| U TO THE DISEASE OR CONDITION CAUSING IT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
| U TO THE DISEASE OR CONDITION CAUSING IT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NO 🗌                                    |
| 19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUT  YES V  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO 🗌                                    |
| 19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUT  YES W  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NO 🗌                                    |
| 19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?  21C. WHERE DID INJURY OCCUR?  INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  WHILE AT NOT WHILE AT NOT WHILE AT WORK  WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO 🗌                                    |
| TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUT YES V  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 7-1, 19-5 to 7-18-, 19-5 that I last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No Dion)                                |
| 19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUT  YES V  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 7 19 10 10 10 10 10 10 10 10 10 10 10 10 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No cion) saw the dabove.                |
| 19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUT  YES V  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT WORK  22. I hereby certify that I attended the deceased from 7-1 , 19 to 7-18-, 19 Athat I last deceased alive on 19 and that death occurred attended the date state  23A. SIGNATURE  20. AUT  YES V  21F. HOW DID INJURY OCCUR?  19 To The Disease of Condition Causes and on the date state  23B. AUTHERSHOPLIES HOSPITE  23C. DATE  7-18-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No cion) saw the dabove.                |
| 19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUT  YES V  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 19 to 19 | No cion)  saw the dabove. SIGNED        |
| 19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  WHILE AT NOT WHILE WORK  22. I hereby certify that I attended the deceased from AT WORK  22. I hereby certify that I attended the deceased from AT WORK  23A. SIGNATURE  23B. ADMINISTOPLIES HOSPITAL  24A. BURIAL, CREMA-  24B. DATE  24A. BURIAL, CREMA-  24B. DATE  24A. DATE  25D. AUTHOR  25D. AUTHOR  26D. AUTHOR  27D. AUTHOR  27D. AUTHOR  21C. WHERE DID  INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  23B. AUTHOR  23B. AUTHOR  23C. DATE  24C. DATE  24D. LOCATION (City, town, or county)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | saw the d above.                        |
| 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUT YES V  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT AT WORK AT WORK AT WORK AT WORK AT WORK 22A. SIGNATURE 23A. SIGNATURE 23B. AUTHORITIES 10 SPITE 23C. DATE 23A. BURIAL, CREMA 24B. DATE RECEIVED BY REGISTRAR'S SIGNATURE 225. FUNERAL DIRECTOR ADDRESS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | saw the d above.                        |
| 19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUT  YES V  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  WHILE AT WORK  22. I hereby certify that I attended the deceased from 19 to 7 19 Ahat I last deceased alive on 19 and that death occurred attended to the date state 23A. SIGNATURE  22. A. BURIAL, CREMA.  24B. DATE  24D. NAME OF CEMETERY OR CREMATORY  24D. LOCATION (City, town, or county)  DATE RECEIVED BY   REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR  ADDRESS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | saw the d above.                        |

Tricky Burgh Sp. 100 Coulde Patture 101 2 101 Chronic Nopherthers 2 (1) Westerness ... 05-11-6

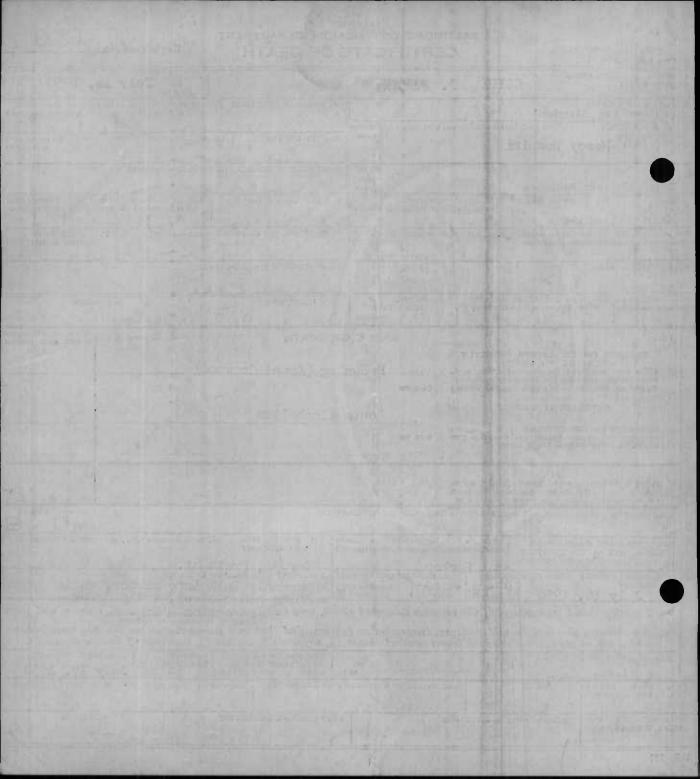
BALTIMORE CITY HEALTH DEPARTMENT Registered No 62619 CERTIFICATE OF DEATH

6308

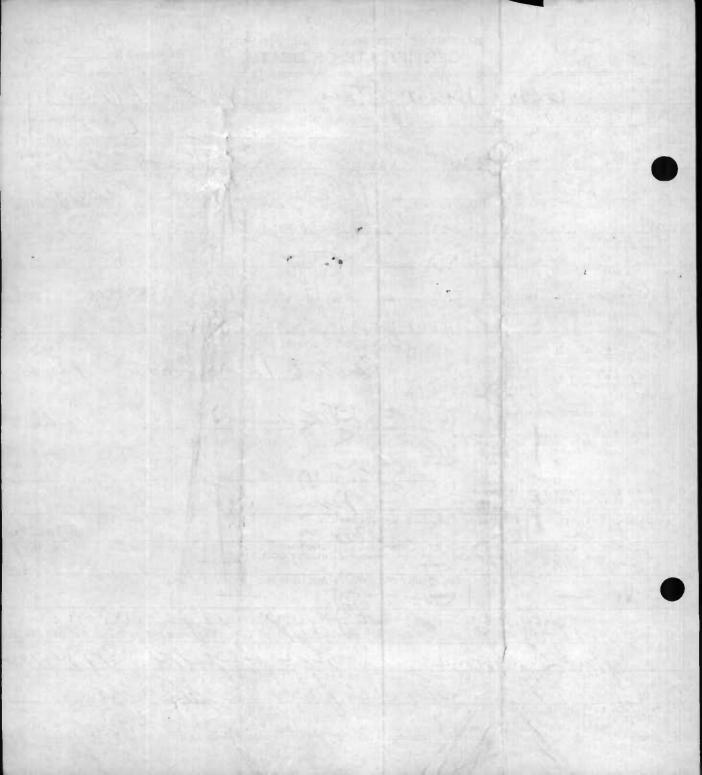
| BIRTHING. UCKIO                                                                                                                                                                                                                                  |                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1. NAME OF DECEASED CLYDE T. FIFER                                                                                                                                                                                                               | 2. DATE OF July 16, 1950                                                                                |
| 8. PLACE OF DEATH:<br>a. Baltimore City, Maryland                                                                                                                                                                                                | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission |
| s. FULL NAME OF Contin hospital or institution, give street address or HOSPITAL OR NSTITUTION Mercy Hospital                                                                                                                                     |                                                                                                         |
| Yrs.<br>Mos.<br>Length of stay in Baltimore Days                                                                                                                                                                                                 | D. STREET ADDRESS (If rural, give location)                                                             |
| Male White 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)                                                                                                                                                                                       | 8. DATE OF BIRTH  9. AGE (In years last birthday)  A - 1 9 1 3                                          |
| OA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                              | 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY                                 |
| S. FATHER'S NAME  JUNE 1                                                                                                                                                                                                                         | 14. MOTHER'S MAIDEN NAME                                                                                |
| (If yos, give wer or dates of service)                                           | 17. INFORMANT ADDRESS                                                                                   |
| injury or complication which caused death.) DUE TO                                                                                                                                                                                               | ning (found drowned) e alcoholism                                                                       |
| II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                             |                                                                                                         |
| 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER                                                                                                                                                                                               | ATION 20. AUTOPSY?                                                                                      |
| 21a. EXTERNAL CAUSE WAS underlying of OR CONTRIB. about home, farm, factory, street, office bidg., of Uting Cause of Death.  21b. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR INJURY 16. 1950 11:15h. WHILE AT NOT WHILE AT WORK AT WORK | Dier #/ Pratt St.                                                                                       |
| 22. I certify that I took charge of the remains described a<br>the evidence obtained by said Autopsy, Inspection or I<br>and death in my opinion resulted from: natural eauses                                                                   |                                                                                                         |
| Haulen H. Durlacher M                                                                                                                                                                                                                            | 238. CHIEF MEDICAL EXAMINER                                                                             |
| Dhras 7-20.50 Riverpress                                                                                                                                                                                                                         | RY OR CREMATORY 240. LOCATION (City, town, or county) (State)                                           |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE                                                                                                                                                                                                           | 25. FUNERAL DIRECTOR APDRESS                                                                            |

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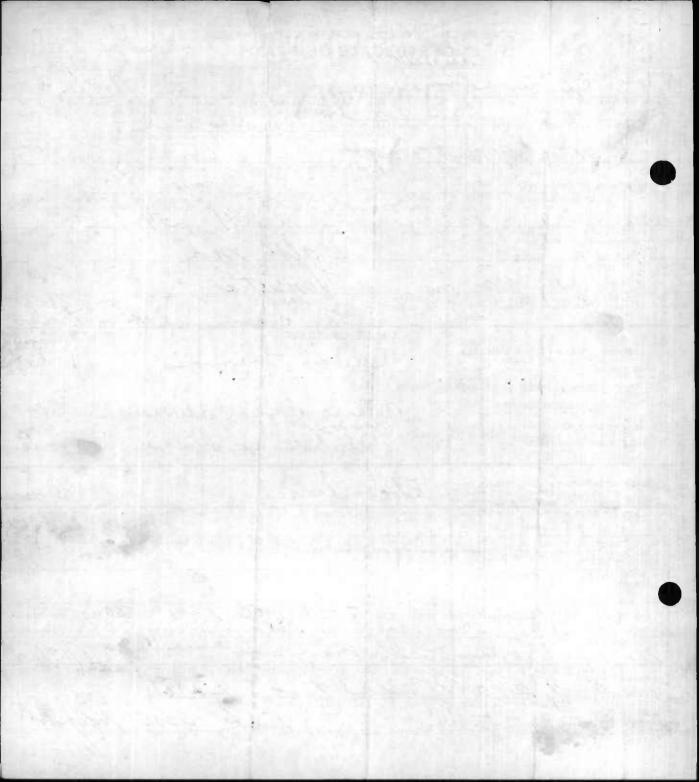
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50 6309 6309 Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 7010 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS (If rural give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) AGE (In years if Under 1 Year A Under 24 Hours last birthday) Months: Days (Hours Min. WIDOWED, DIVORCED (Specify) 13 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13 FATHER'S NAME . 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ONSET AND DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO arties de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) WHILE AT , 1950, that I last saw the 22. I hereby certify that I attended the deceased from 10 deceased alive on 1 1950 and that death occurred at m. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A BURIAL OREMA-24B. DATE 240 LOCATION (City, town, or courty) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE VS 150



| -450 WHAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EN X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| 511 0.5111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EALTH DEPARTMENT 50 6310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| BIRTH NO. ELIZABETA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E OF DEATH Registered No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1. NAME OF DECEASED Trude Whale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. DATE OF DEATH 7/18/50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 3. PLACE OF DEATH A. Baltimore City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR INSTITUTION location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Maryland Baltimere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ma general Hosp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | + assumane Parking C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| c. Length of stay in Baltimore Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D. STREET ADDRESS (If rural, give location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8. DATE OF BIRTH  9. AGE (In years II Under I Year Months Days Hours Min.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| AOA. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 13. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14. MOTHER'S MAIDEN NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Monna Tansons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Henrietta 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, go or unknown) (16 yee, give war or dates of service) SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 17. INFORMANT JADDRESS 8 005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 18. 260 X CAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| DISEASE OR CONDITION DIRECTLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | July Thinks: 18da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | with Marianes 10 way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ANTECEDENT CAUSES (B) arte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ioselustii Cardinascula Pyr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | abetes pellites ? years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Iplgia 18day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINIS 19B. MA | RATION   20. AUTOPSY?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| L ala Place de Mullay (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YES NO NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURS INJURY  WHILE AT NOT WHILE AT WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | The state of the s |
| 22. I hereby certify that I attended the deceased from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - 1 19500 7 - 18, 1950, that I last saw the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| deceased alive on 7/18/, 1950, and that death occu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rred at Z33/m., from the causes and on the date stated above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| morecula oura Callado                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 238. ADDRESS Sheral Joy 23c. DATE SIGNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 24A. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETICAL (Specify) 2/2/50 Monday                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| DATE RECEIVED BY   REGISTRARYS SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25. EUNERAL DIRECTOR ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 111 191950 Tenetrator Williams, M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Luck 5305 Harford                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| VS 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| The second secon | A 3 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: (Where deceased lived, If institution; residence 4. USUAL RESIDENCE A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B FILL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION INTERPORTURE PROPERTY Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Dava 5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year AGE (in years) II Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) unol 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of morking life, even if retired) O INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANS HOPEIRS HOSPITA ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. C INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or ) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 195 to 7-17-, 1950 that I last saw the

22. I hereby certify that I attended the deceased from ... 7 ... 19 50 and that death occurred at 3 0 m., from the causes and on the date stated above. deceased alive on\_ / - /

24B. DATE

M. D.

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) JULY 19 1950 MOUNT CARMEL CEM

23B ADDRESS

O'DONELL ST.

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR 105

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

BURIAL

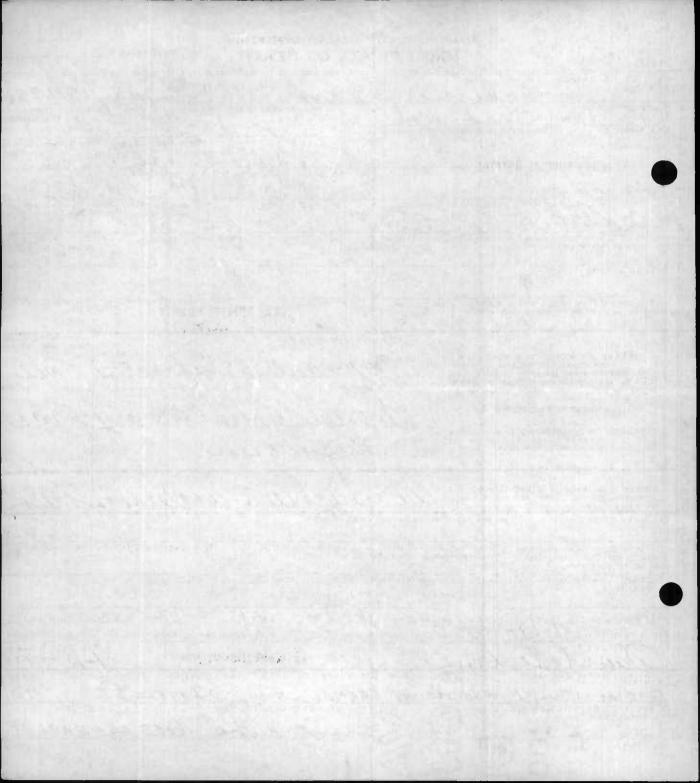
23A SIGNATURE

REGISTRAR'S SIGNATURE MALLILL M.B 25. FUNERAL DIRECTOR

23c. DATE SIGNED

(State)

VS 150



# CERTIFICATE OF DEATH

6312

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1. NAME OF DECEASED 2. DATE Rachel Burton (Type or Print) July 17, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland Balto. City B. COUNTY before admission) laryland B. FULL NAME OF Alf not in hospital or institution give street address or HOSPITAL OR c. CITY OR JOWN Baltimore (If outside corporate limits, write RURAL and give 4940 Eastern Avenue Yrs. b. STREET ADDRESS (If rural, give location)
1525 E. Lombard St. 2 Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 9. AGE (in years WIDOWED DIVORCED (Specify) Aug. 14, 18 82 Female Negro 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Virginia 13. FATHER STAME John Phillips At Home 14. MOTHER'S MAIDEN NAME Isobel Lewis 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Hecords 4945 Page telly AH espitals SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN 3 3 2 X I DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH (A) Cerebral Thrombasis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If In Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK June 27 19 50 to July 17 . 1950, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on July 17 1950 and that death occurred at 6:00 Rm. from the causes and on the date stated above. 238. ADDRESS 14940 Eastern Avenue 23A. SIGNATURE 23c. DATE SIGNED 7-18-50 24A. BURIAL. CREMA-240. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OF CREMATORY! (State) TION REMOVAL (Specify) much

25. FUNERAL DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

CERTIFICATION

MEDICAL

144 T. 60 LE M STATE OF and a second district. -130.0000 ffca

50 6313

BALTIMORE CITY HEALTH DEPARTMENT Registered No.\_\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Helen Haskins DEATH July 14 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution : residence A. Baltimore City, Maryland Balto. City A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) 1630 East Madison St Yrs. Mos. 1630 East Madison Street c. Length of stay in Baltimore Davs B. DATE OF BIRTH 9. AGE (In year) last birthday) Months Days Hours Min. 6. COLOR OR RACE | 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Sept. 19 1877 Widow Col. 10A. USUAL OCCUPATION (Givekindof, 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY "ousewife Home King Williams Co. Va. 13. FATHER'S NAME Unkown Mommie Unshire 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Preecella Lipcomb I630 E.Madison St NTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Mitad Insufficiency LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) .. heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 198. MAJOR FINDINGS OF 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 1999, to\_ \_, 19 JO, that I last saw the 22. I hereby certify that I attended the deceased from. 13. 1950, and that death occurred at 10 h.m., from the causes and on the date stated above. deceased alive on. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY

Arbutus Mem. Park

24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

REGISTRAR'S SIGNATURE

Arbutus

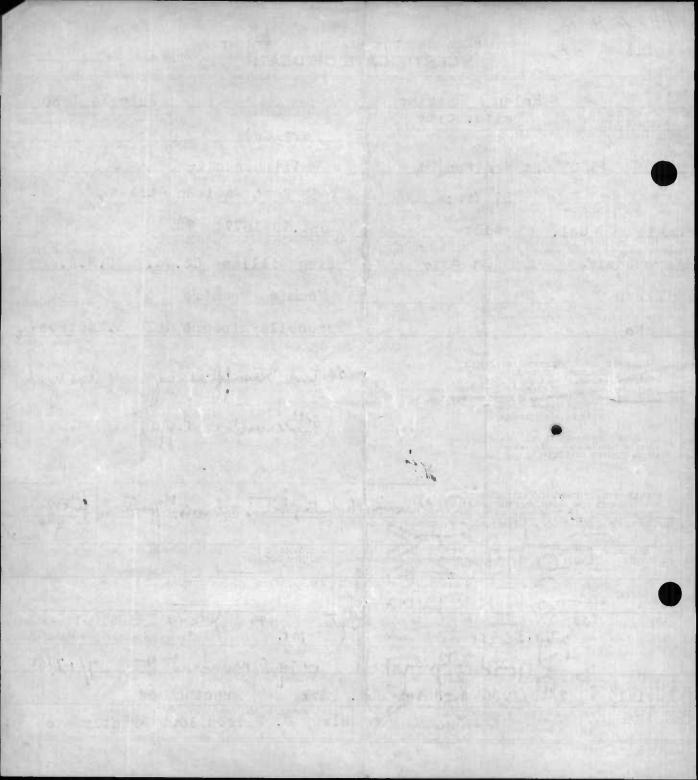
25 FUNERAL DIRECTOR ADDRESS Elroy 0. Wilson IOOO Brantly Ave

LOCAL REGISTRAR

JUL vs 959

Tuntuator

131a



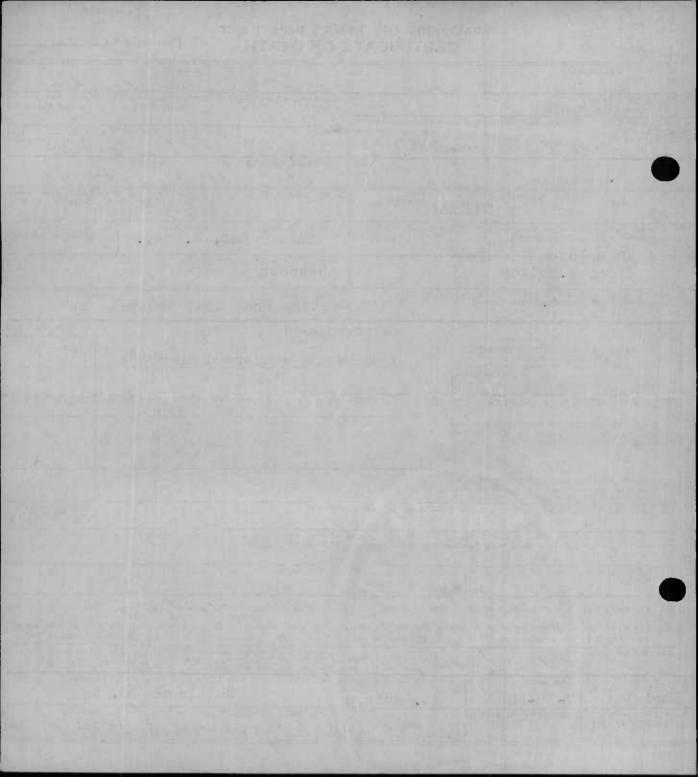
\$2 50 50 6314

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6314

Registered No.

| BI                                                                                                                                                                                                                                                                                                                                                                                                 | RIH NO.                                                                                                                                                                                                                                                                                                                                                                        |                                                            |           |                                                       |       |                        |          |                                 |            |            |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------|-------------------------------------------------------|-------|------------------------|----------|---------------------------------|------------|------------|---------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                    | NAME OF DI<br>ype or Print)                                                                                                                                                                                                                                                                                                                                                    | ECEASED                                                    | 1/0       | LMC2                                                  | 7)    | 1 X 3 N                |          | 2. DATE<br>OF<br>DEATH          | 1/15       | 15         | 0                               |
|                                                                                                                                                                                                                                                                                                                                                                                                    | PLACE OF DI<br>Baltimore C                                                                                                                                                                                                                                                                                                                                                     | EATH:<br>lity, Maryland                                    |           |                                                       |       | USUAL RESIDEN          | CE (Whe  | B. COUNTY                       |            |            | residence<br>e admission)       |
| H                                                                                                                                                                                                                                                                                                                                                                                                  | FULL NAME (<br>OSPITAL OR<br>STITUTION                                                                                                                                                                                                                                                                                                                                         |                                                            |           | on, give street address of location                   | N 11  | CITY OR TOWN           | (If ou   | utside corporate li             | mits, writ | e RUF      | RAL and give<br>township)       |
|                                                                                                                                                                                                                                                                                                                                                                                                    | /                                                                                                                                                                                                                                                                                                                                                                              | roudent                                                    | _  _      | 2-11                                                  | 0 /   | 74                     | 9        | <u> </u>                        |            |            |                                 |
| c.                                                                                                                                                                                                                                                                                                                                                                                                 | Length of st                                                                                                                                                                                                                                                                                                                                                                   | tay in Baltimore                                           |           | Yrs. Mos. Days                                        |       | 1305                   | N.       | ral, give location)             | 1          | 9          |                                 |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                 | SEX                                                                                                                                                                                                                                                                                                                                                                            | 6. COLOR OR RACE                                           |           | MARRIED,<br>ED, DLVORCED (Specif<br>OWED              |       | DATE OF BIRTH          | 5        | 9. AGE (in years last birthday) |            |            | ff Under 24 Hours<br>Hours Min. |
|                                                                                                                                                                                                                                                                                                                                                                                                    | done during most o                                                                                                                                                                                                                                                                                                                                                             | CUPATION (Give kind of<br>f working life, even if retired) |           | OF BUSINESS OR INDUSTR                                |       | Sumit Poi              |          |                                 |            |            | OUNTRY?                         |
| 13                                                                                                                                                                                                                                                                                                                                                                                                 | FATHER'S N                                                                                                                                                                                                                                                                                                                                                                     | nes H. Dixo                                                |           |                                                       | 14    | Unknown                | DEN NAM  | 1E                              |            |            |                                 |
| 15<br>(Yes                                                                                                                                                                                                                                                                                                                                                                                         | . WAS DECEASE<br>, no or unknown)                                                                                                                                                                                                                                                                                                                                              | D EVER IN U.S. ARMEI<br>(If yes, give war ar date          | D FORCES? | 16. SOCIAL<br>SECURITY NO.                            |       | INFORMANT<br>rtina Bon | nd I5    | 47 Woody                        | ADDRE      |            |                                 |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED |                                                                                                                                                                                                                                                                                                                                                                                |                                                            |           |                                                       |       |                        |          |                                 |            |            |                                 |
| ш                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                | TO THE OEATH, BUT                                          |           |                                                       |       |                        |          |                                 |            |            |                                 |
| U                                                                                                                                                                                                                                                                                                                                                                                                  | 19A. DATE O                                                                                                                                                                                                                                                                                                                                                                    | F OPERATION 1                                              | 98. MAJOR | FINDINGS OF OPE                                       | ERATI | ON                     |          |                                 |            |            | UTOPSY?                         |
| EDICAL                                                                                                                                                                                                                                                                                                                                                                                             | 21A. EXTERN<br>PRIMARY CAUSE OF E                                                                                                                                                                                                                                                                                                                                              |                                                            |           | CE OF INJURY (e. g.<br>arm,factory,street,office bldg |       | 21c. WHERE DIE         |          | in Baltimore Cit                | -          | ves L      | ocation)                        |
| ME                                                                                                                                                                                                                                                                                                                                                                                                 | 21D. TIME (                                                                                                                                                                                                                                                                                                                                                                    | Month) (Day) (Year                                         |           | 21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK     | E     | 21F. HOW DID I         | NJURY    | OCCUR?                          |            |            |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                    | 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined .  23A. SIGNATURE    23B. CHIEF MEDICAL EXAMINER |                                                            |           |                                                       |       |                        |          |                                 |            |            |                                 |
| 2.4<br>TIC                                                                                                                                                                                                                                                                                                                                                                                         | Burial (S                                                                                                                                                                                                                                                                                                                                                                      | 7-19-50                                                    |           | Mt. Aubur                                             |       |                        | 240. LOC | CATION (City, to                | wn. or cou |            | (State)                         |
| Lo                                                                                                                                                                                                                                                                                                                                                                                                 | TE RECEIVED                                                                                                                                                                                                                                                                                                                                                                    | BY REGISTRAR                                               | S SIGNATU | RE                                                    | 25    | m. A. JACKS            | SON -    | 916 PENI                        | VA.        | RESS<br>AV | - /                             |
| VS                                                                                                                                                                                                                                                                                                                                                                                                 | 151                                                                                                                                                                                                                                                                                                                                                                            | 4                                                          |           | 9709                                                  | 99    |                        | 1        | /                               | 3/a        |            | 1                               |



# A-235 REA-13624650 6315 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

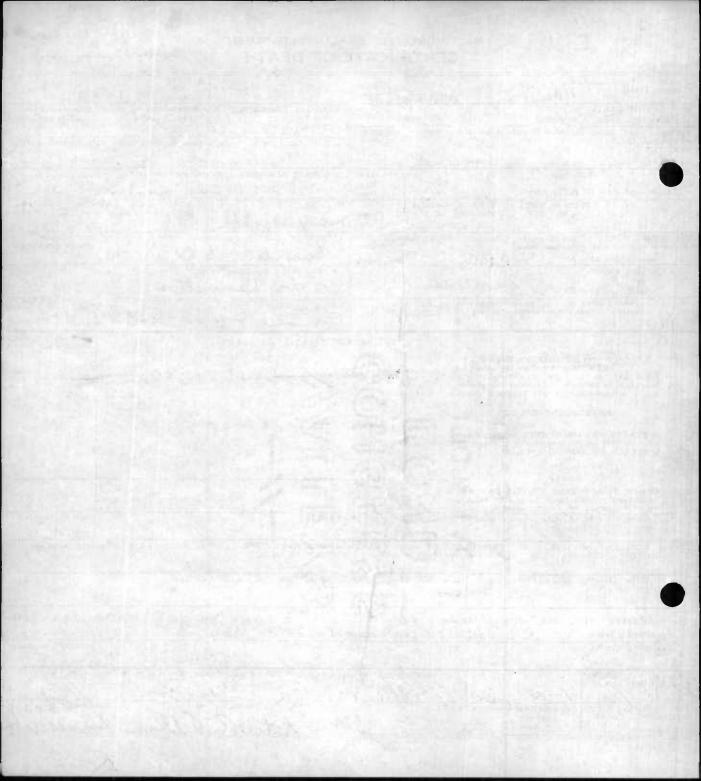
50 6315 Registered No.

| 1. NAME OF<br>(Type or Prin | DECEASED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | 2. DATE                                |                                                            |  |  |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------|------------------------------------------------------------|--|--|
|                             | Lee Austin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | DEATH JU                               | ily 13, 1950                                               |  |  |
| A. Baltimore                | e City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A. STATE              | (Where deceased live<br>B. COUNT)      | d. If institution: residence Y before admission)           |  |  |
| B. FULL NAM                 | E OF (If not in hospit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | al or institut | ion, give street address or location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                        |                                                            |  |  |
| INSTITUTION                 | R Baltimore Ci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ty Hosp        | itals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C. CITY OR TOWN       | (If outside corporate l                | limits, write RURAL and give township)                     |  |  |
| 21                          | 4940 Eastern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Avenue         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Baltimore             |                                        |                                                            |  |  |
| -                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Yrs.<br>Mos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                        |                                                            |  |  |
|                             | f stay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                | yrs. Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       | erry Street (                          |                                                            |  |  |
| 5. sex<br>Male              | 6.COLOR OR RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WIDOW          | E, MARRIED,<br>PED, DIVORCED (Specify)<br>OWED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | June 17, 1889         | 9. AGE (in year last birthday)         | s If Under 1 Year If Under 24 Hours Months Days Hours Min. |  |  |
| 10A. USUAL                  | OCCUPATION (Give kind of out of working life, even if retired)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 108. KIND      | OF BUSINESS OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11. BIRTHPLACE (State | or foreign country)                    | 12. CITIZEN OF<br>WHAT COUNTRY?                            |  |  |
| 11.                         | NE LABORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2 000          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | North Caroli          | na                                     | WHAI COUNTRY                                               |  |  |
| 13. FATHER                  | SNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 14. MOTHER'S MAIDE    |                                        | 1                                                          |  |  |
|                             | Lisbon Austin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Jane Cable            |                                        |                                                            |  |  |
| (Yes, oo or uokoo           | ASED EVER IN U.S. ARMEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FORCES?        | 16. SOCIAL<br>SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Records: 4940         | imono Citar He                         | ADDRESS                                                    |  |  |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Records: 4940         | Eastern Aver                           | ing                                                        |  |  |
| 18.                         | 02 X.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | CAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OF DEATH              |                                        | INTERVAL BETWEEN                                           |  |  |
| DISE                        | ASE OR CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DIRECTLY       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                        | ONSET AND DEATH                                            |  |  |
| (This d                     | ces not mean the mode of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | rul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lmonary Tubercu       | losis                                  |                                                            |  |  |
| heart fa                    | ailure, asthenia, etc. It mea<br>or complication which o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ns the diseas  | e,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9 .                   | ······································ | ***************************************                    |  |  |
| 111,341,3                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | ., 502 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                        |                                                            |  |  |
|                             | ANTECEDENT CAUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SES            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                        |                                                            |  |  |
| DISEAS<br>RISE TO<br>UNDER  | SES OR CONDITIONS, I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | F ANY, GIVIN   | (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                        |                                                            |  |  |
| RISE TO                     | THE ABOVE CAUSE (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STATING TH     | IE OUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                        |                                                            |  |  |
| 5                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                        |                                                            |  |  |
| <u> </u>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                        |                                                            |  |  |
|                             | SIGNIFICANT CONDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                        |                                                            |  |  |
| H TRIBUT                    | ING TO THE OEATH, BUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                        |                                                            |  |  |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | FINDINGS OF OPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RATION                |                                        | 20. AUTOPSY?                                               |  |  |
| AL                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                        | YES X NO                                                   |  |  |
| 2 1A. ACC<br>LYING          | IDENT WAS UNDER-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 21B. PLA       | CE OF INJURY (e. g., i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | n or 21c. WHERE DID   | (If in Baltimore Ci                    | ity, give exact location)                                  |  |  |
| CAUSE C                     | OR CONTRIBUTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | about nome,    | arm, ractory, sereot, omes bidg.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INSURT OCCURT         |                                        |                                                            |  |  |
| 210. TIME                   | (Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Hour)         | 21E. INJURY OCCURR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ED 21F. HOW DID INJ   | URY OCCUR?                             |                                                            |  |  |
| INJUE                       | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | m              | WHILE AT NOT WHILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                        |                                                            |  |  |
| 22. I her                   | reby certify that I att                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ended the      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ch 2 150 to           | July 13 .1                             | 9_50 that I last saw the                                   |  |  |
| deceased                    | alive on J 1y 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 19.50          | and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | rred at 8:01 Am., fro | m the causes and o                     | on the date stated above.                                  |  |  |
| 23A. SIGN                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3B. ADDRESS           |                                        | 23c. DATE SIGNED                                           |  |  |
|                             | CH. 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 100            | E-2 - M. O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4940 Eastern Av       | enue                                   | 7-18-50                                                    |  |  |
| 24A. BURIAL                 | CREMA- 24B. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | . //           | 240 NAME OF CEMETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RY OF CREMATORY 24    | 6) LOCATION (City, t                   | own, or county (State)                                     |  |  |
| BUULA                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1950           | 11/7/1/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | William Ven 1         | 30110-                                 | 11/8                                                       |  |  |
| DATE RECEI                  | VED BY   REGISTRAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SSIGNATL       | IRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 25. FUNERAL DIRECT    | PR /                                   | ADDRESS 322 /                                              |  |  |
| LOCAL REGI                  | and the same of th | The ton        | Villiams, Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | m. XI D               | 11:11.                                 | 1 21/2 well 1 1 +                                          |  |  |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 17 July 117 | IIVA JALLE VI         | walling                                | simours,                                                   |  |  |
| VS 150                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 000                   |                                        | 100                                                        |  |  |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100            | 7/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 077                   |                                        | 1215                                                       |  |  |

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| . 1()                                                                                                                | F OF DEATH Registered No.                                                                                |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|--|--|--|
| BIRTH NO. CERTIFICAT                                                                                                 | E OF DEATH                                                                                               |  |  |  |  |
| 1. NAME OF DECEASED                                                                                                  | 2. DATE                                                                                                  |  |  |  |  |
| (Type or Print) HALLIE ENGLISH                                                                                       | OF 7-18-50                                                                                               |  |  |  |  |
| S. PLACE OF DEATH:  A. Baltimore City, Maryland                                                                      | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) |  |  |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)                     |                                                                                                          |  |  |  |  |
| INSTITUTION .                                                                                                        | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township                              |  |  |  |  |
| Yrs.                                                                                                                 | D. STREET ADDRESS (If rural, give location)                                                              |  |  |  |  |
| c. Length of stay in Baltimore Mos. Days                                                                             | 629 West Sandaga Sheet                                                                                   |  |  |  |  |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)                                              | Months: Days Hours Min.                                                                                  |  |  |  |  |
| 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR                                                         | 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF                                               |  |  |  |  |
| Selecter Construction Washing                                                                                        | Sunti, S.C WHAT COUNTRY?                                                                                 |  |  |  |  |
| 13. FATHER'S NAME                                                                                                    | 14. MOTHER'S MAIDEN NAME                                                                                 |  |  |  |  |
| -solomon. inglish.                                                                                                   | da Bennett.                                                                                              |  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nokonwo) (If yes, give war or dates of service) SECURITY NO. | Transie English. 629 W. Saratoga So                                                                      |  |  |  |  |
| 18. 332 Y . CAUSE                                                                                                    | OF DEATH INTERVAL BETWEEN                                                                                |  |  |  |  |
| DISEASE OR CONDITION DIRECTLY                                                                                        | ONSET AND DEATH                                                                                          |  |  |  |  |
| (This does not mean the mode of dying, e.g.,                                                                         | sure inferred of brain                                                                                   |  |  |  |  |
| heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO               | 14                                                                                                       |  |  |  |  |
| ANTECEDENT CAUSES                                                                                                    |                                                                                                          |  |  |  |  |
| (8)                                                                                                                  | roughl ton ser                                                                                           |  |  |  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO                                |                                                                                                          |  |  |  |  |
| UNDERLYING CONDITION LAST,                                                                                           |                                                                                                          |  |  |  |  |
| (C)                                                                                                                  |                                                                                                          |  |  |  |  |
| OTHER SIGNIFICANT CONDITIONS CON-                                                                                    |                                                                                                          |  |  |  |  |
| TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                                      |                                                                                                          |  |  |  |  |
| 198. MAJOR FINDINGS OF OPER                                                                                          |                                                                                                          |  |  |  |  |
| 21a. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., i                                                               | n nr   21C. WHERE DID (If in Baltimore City, give exact location)                                        |  |  |  |  |
| HOMICIDE (Specify) about home, farm, factory, street, office bldg.,                                                  | total INJURY OCCUR?                                                                                      |  |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR                                                             | ED 21F, HOW DID INJURY OCCUR?                                                                            |  |  |  |  |
| INJURY  m. WHILE AT NOT WHILE AT WORK AT WORK                                                                        |                                                                                                          |  |  |  |  |
| 22. I hereby certify that I attended the deceased from                                                               | ey 6 195 to July 18, 195 Qthat I last saw the                                                            |  |  |  |  |
|                                                                                                                      | rred at 3 7 Am., from the causes and on the date stated above.                                           |  |  |  |  |
| 23A. SIGNATURE                                                                                                       | 23B. ADDRESS 23c. DATE SIGNED                                                                            |  |  |  |  |
| 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF GEMETE                                                                    | RY OR CREMATORY   240. LOCATION (City, town, or county) (Style)                                          |  |  |  |  |
| TION, REMOVAL (Specify)                                                                                              | a Balta Mal                                                                                              |  |  |  |  |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE                                                                               | 25. FUNERAL DIRECTOR ADDRESS 2 . A                                                                       |  |  |  |  |
| LOCAL REGISTRAR                                                                                                      | M. N. F. OJICIA. 11/ 322/                                                                                |  |  |  |  |
| 11 19 1900 I miliagion Miliams, Mas                                                                                  | The fathe ( Williams schoolderst                                                                         |  |  |  |  |
| VS 150                                                                                                               | 21/2                                                                                                     |  |  |  |  |
| 7/0                                                                                                                  | 243 500                                                                                                  |  |  |  |  |

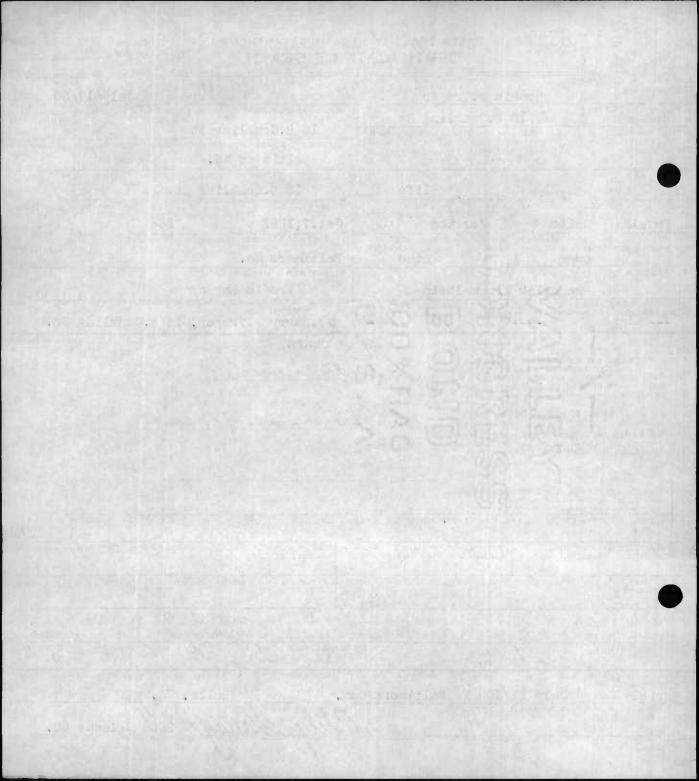


J-636 6317

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 6317

BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE July 17/50 Sophia M. Trager DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 16 S.Conkling St A. STATE B. COUNTY before admission) 16 S.Conklimg St B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (It outside corporate limits, write RURAL and give INSTITUTION Baltimore Md. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 16 S.Conkling St. life c. Length of stay in Baltimore Days 5. SEX 9. AGE (in years | II Under 1 Year | II Under 24 Hours last birthday) | Months: Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Oct. 7.1893 56 White Married IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none Baltimore Md. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Krimmelbein Fredia Lorenz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Harry A. Trager, 16 S. Conkling St. ----INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (a. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 1-1-47 19 to 7-17-50 19 that I last saw the deceased alive on 7-17-57, 19 and that death occurred at 1 2 m., from the gauses and on the date stated above, 23c. DATE SIGNED 23A. SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) July 21/50 Balto. Buria/1 Baltimore Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 2024 0 leans St.



G-610

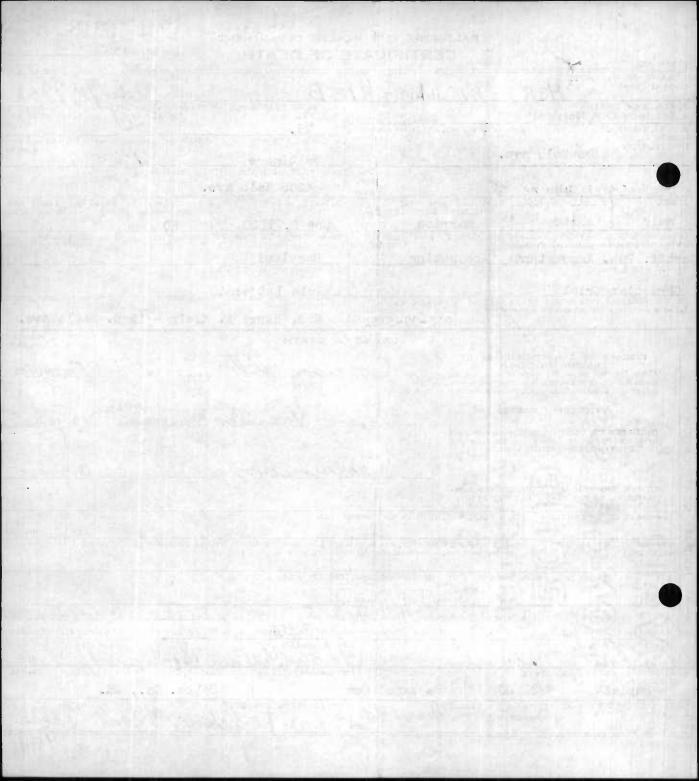
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| 50 6318                                                                                             | CEDTIFICATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C OF DEATH        | Registered                              | i No                                       |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------|--------------------------------------------|
| BIRTH NO.                                                                                           | CERTIFICATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E OF DEATI        | - Registered                            | 1 110                                      |
| 1. NAME OF DECEASED                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 2. DATE                                 | 1 2 0                                      |
| (Type or Print) Her Be                                                                              | BT JUNUS TRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e.B               | DEATH LLE                               | hy 18. 1950                                |
| S. PLACE OF DEATH:  A. Baltimore City, Maryland                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. USUAL RESIDE   | NCE (Where deceased lived.<br>8. COUNTY | If institution: residence before admission |
| s. FULL NAME OF (If not in hospital or in HOSPITAL OR                                               | stitution, give street address or location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Md.               |                                         |                                            |
| NSTITUTION                                                                                          | location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | c. CITY OR TOWN   | (If outside corporate lin               | mits, write RURAL and give                 |
| 4205 Kolb Ave.                                                                                      | The Committee of the Co | Baltimore         |                                         | 6-01                                       |
|                                                                                                     | Yrs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D. STREET ADDRE   | SS (If rural, give location)            |                                            |
| c. Length of stay in Baltimore                                                                      | Mos.<br>Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4205 Kol          | b Ave.                                  |                                            |
| 5. SEX   6. COLOR OR RACE   7. SI                                                                   | NGLE, MARRIED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8. DATE OF BIRTH  | 9. AGE (In years                        | If Under 1 Year If Under 24 Hours          |
| male white                                                                                          | IDOWED, DIVORCED (Specify) married                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | June 9, 190       |                                         | Months Days Hours Min.                     |
| IOA. USUAL OCCUPATION (Give kind of 108.                                                            | KIND OF BUSINESS OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   | state or foreign country)               | 12. CITIZEN OF                             |
| ork done during most of working life, even if retired)                                              | INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 360 - 3 3         |                                         | WHAT COUNTRY                               |
| ertif. Pub. Accountant! A                                                                           | ccounting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Maryland          | IDEN NAME                               |                                            |
| THE TAXABLE                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14. MOTHER S MA   | DEN NAME                                |                                            |
| Christian Grieb                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Adele Lut         | erath                                   |                                            |
| [5. WAS DECEASED EVER IN U, S. ARMED FORC<br>(es, no or nnknown) (If yes, give war or dates of serv | lee) 16. SOCIAL<br>SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17. INFORMANT     |                                         | ADDRESS                                    |
|                                                                                                     | 213-09-5781                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mrs. Harr         | y A. Klein - 15                         | E. Maple Ave.                              |
| 18.4201                                                                                             | CAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF DEATH          |                                         | INTERVAL BETWEEN                           |
| DISEASE OR CONDITION DIREC                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         | ONSET AND DEATH                            |
| LEADING TO DEATH                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | anna.             | Man begins                              | 5 MINUTES.                                 |
| (This does not mean the mode of dyin<br>heart failure, asthenia, etc. It means the                  | disease.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   | 70 97300                                | JMINUTES                                   |
| injury or complication which caused                                                                 | death.) DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | 0.1                                     |                                            |
| ANTECEDENT CAUSES                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n. V.             | DI II                                   | are                                        |
|                                                                                                     | (B) Cana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | in - Vasci        | Mar Mysertense                          | is 10 years.                               |
| DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 00                                      |                                            |
| UNDERLYING CONDITION LAST.                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         |                                            |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Jain - On         | anial                                   | 10 400000                                  |
|                                                                                                     | _(C)()//                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                         |                                            |
| OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         | V                                          |
| TO THE DISEASE OR CONDITION CAUS                                                                    | SING IT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                         |                                            |
| 19A. DATE OF OPERATION 19B. MA                                                                      | AJOR FINDINGS OF OPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ATION             |                                         | 20. AUTOPSY?                               |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         | YES NO                                     |
| 2 1A. ACCIDENT. SUICIDE. 21s<br>HOMICIDE (Specify) about                                            | B. PLACE OF INJURY (e. g., i<br>bome, farm, factory, street, office bldg., c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | n or 21c. WHERE D | ID (If in Baltimore City                | y, give exact location)                    |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         |                                            |
| 21D. TIME (Month) (Day) (Year) (Hour                                                                | ) 21E. INJURY OCCURR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ED 21F. HOW DID   | INJURY OCCUR?                           |                                            |
| INJURY                                                                                              | WHILE AT NOT WHILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                         |                                            |
|                                                                                                     | m.   WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 6               | 0 0 0 10                                | Δ                                          |
| 22. I hereby certify that I attended                                                                | the deceased from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7127.1948         |                                         | 30, that I last saw th                     |
|                                                                                                     | 50, and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   | from the causes and on                  |                                            |
| 23A. SIGNATURE                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3B. ADDRESS       | 0. 12 0                                 | 23c. DATE SIGNED                           |
| Michael L'Hous                                                                                      | M. D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1656 1120         | Kaen Mood                               | 1/18/50                                    |
| 24A. BURIAL, CREMA- 24B. DATE<br>TION, REMOVAL (Specify)                                            | 24C. NAME OF CEMETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RY OR CREMATORY   | 24b. LOCATION (City, to                 | wn, or county)/ (State)                    |
| Burial: 7/21/50                                                                                     | Parkwood Cen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | n.                | Balto. Co.,                             | Md.                                        |
| DATE RECEIVED BY   REGISTRAR'S SIG                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25 FUNERAL DIR    | ECTOR .                                 | ADDRESS                                    |
| LOCAL REGISTRAR                                                                                     | non I moname I Was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1/1/m. +.         | Julanes TX                              | Mo. Ball.                                  |

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| BIRTH NO.                                      |                                                                |                            | CERTIFICAT                                                       | E OF DEATH                                                                                                    | Registered N             | 0                                                  |  |  |
|------------------------------------------------|----------------------------------------------------------------|----------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|--|--|
| 1. NAME OF D<br>(Type or Print)                |                                                                | EVANS                      |                                                                  |                                                                                                               | 2. DATE July             | 18, 1950                                           |  |  |
|                                                | City, Maryland                                                 |                            |                                                                  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residen  A. STATE  Maryland  B. COUNTY  before admi |                          |                                                    |  |  |
| HOSPITAL OR T                                  | US Marine Hos                                                  | pital                      | on, give street address or<br>location)                          | C. CITY OR TOWN (If                                                                                           | outside corporate limits | , write RURAL and give township)                   |  |  |
| Wyman                                          | Park Drive &                                                   | olst S                     |                                                                  | Baltim                                                                                                        |                          | -01                                                |  |  |
|                                                |                                                                |                            | Yrs.<br>Mos.                                                     | D. STREET ADDRESS (If                                                                                         |                          |                                                    |  |  |
| c. Length of s                                 | tay in Baltimore                                               | 5 611161 5                 | Days                                                             | 1114 N. Ede:                                                                                                  |                          |                                                    |  |  |
| F                                              | 6.COLOR OR RACE                                                | Wid                        | MARRIED,<br>ED, DIVORCED (Specify)                               | 3/27/16                                                                                                       |                          | Under 1 Year H Under 24 Hours nths Days Hours Min. |  |  |
| IOA. USUAL OC<br>orkdone during most o<br>None | CUPATION (Give kind of<br>of working life, even if retired)    | 10B. KIND                  | OF BUSINESS OR INDUSTRY                                          | 11. BIRTHPLACE (State or fo                                                                                   | oreign country)          | 12. CITIZEN OF<br>WHAT COUNTRY:<br>USA             |  |  |
| 13. FATHER'S N                                 | VAME                                                           |                            |                                                                  | 14. MOTHER'S MAIDEN NA                                                                                        | AME                      | USA                                                |  |  |
|                                                | Stellings                                                      |                            |                                                                  | Ella Mc Mille                                                                                                 | en                       |                                                    |  |  |
| Yes, no or unknown)                            | D EVER IN U.S. ARMEI<br>(If yes, give war or date              | FORCES?<br>s of service)   | 16. SOCIAL<br>SECURITY NO.                                       | 17. INFORMANT Records- US Ma                                                                                  |                          | DRESS                                              |  |  |
| 18. 55                                         | 1 🗸                                                            |                            | CAUSE                                                            | OF DEATH                                                                                                      |                          | INTERVAL BETWEEN                                   |  |  |
| 2.5                                            | SE OR CONDITION                                                | DIRECTIV                   | 0/1002                                                           | OI BEATH                                                                                                      |                          | ONSET AND DEATH                                    |  |  |
|                                                | LEADING TO DEA                                                 | TH                         | Her                                                              | norrhage, cerebral                                                                                            | l massive, du            | e Few hours                                        |  |  |
| heart failu                                    | not mean the mode ore, asthenia, etc. It mea                   | ns the disease             | e,                                                               | to hypertens:                                                                                                 | ton                      |                                                    |  |  |
| injury or                                      | complication which o                                           | auscd death.               | .) DUE TO                                                        |                                                                                                               |                          |                                                    |  |  |
|                                                | ANTECEDENT CAUS                                                | SES                        |                                                                  |                                                                                                               |                          | THE CONTROL OF                                     |  |  |
| RISE TO T                                      | S OR CONDITIONS, I<br>THE ABOVE CAUSE (A)<br>YING CONDITION LA | STATING TH                 |                                                                  |                                                                                                               |                          |                                                    |  |  |
|                                                | -11                                                            |                            | (C)                                                              |                                                                                                               | •••••                    |                                                    |  |  |
| TRIBUTING                                      | SIGNIFICANT CONDI<br>TO THE DEATH, BUT<br>ISEASE OR CONDITION  | NOT RELATE                 | D                                                                |                                                                                                               |                          |                                                    |  |  |
|                                                |                                                                |                            | FINDINGS OF OPER                                                 | ATION                                                                                                         |                          | 20. AUTOPSY?                                       |  |  |
|                                                | ENT. SUICIDE,<br>(Specify)                                     | 21B. PLA<br>ebout home, fa | CE OF INJURY (e. g., in<br>arm, factory, street, office bldg., e | or 21c. WHERE DID (I                                                                                          | f in Baltimore City, g   |                                                    |  |  |
| 210 71105 (                                    | (Month) (Don) (Woon)                                           | (77)                       | A TANKING ACCURDS                                                | ED ALE HOW BIR IN HIS                                                                                         | , eccup.                 |                                                    |  |  |
| INJURY                                         | (Month) (Day) (Year)                                           |                            | HILE AT NOT WHILE                                                |                                                                                                               | OCCURY                   |                                                    |  |  |
| 22. I hereby                                   | y certify that I att                                           | ended the                  | deceased from Ju                                                 | ly 18 , 19 50, to Ju                                                                                          | aly 18 , 19 5            | Othat I last saw the                               |  |  |
| deceased al                                    | ive on ally 181                                                | , 19 50, 6                 |                                                                  | red at 3:43A m., from ti                                                                                      | he causes and on th      | e date stated above.                               |  |  |
| D.W. Pat                                       | rick Walt                                                      | Birec                      | 1                                                                | 38. ADDRESS<br>US Marine Hospital                                                                             |                          | 7/19/50                                            |  |  |
| 100 REMOVAL (S                                 | REMA- 248. DATE                                                |                            | 24C. NAME OF CEMETE                                              | RY OR CREMATORY 24D. LO                                                                                       | OCATION (City, town,     | opcounty) (State)                                  |  |  |
| DATE RECEIVED                                  |                                                                | SIGNATU                    | RE                                                               | 25. UNERAL DIRECTOR                                                                                           | 1 CCM                    | ADDRESS                                            |  |  |
| 11 1 0 105                                     | 50                                                             | 15/1                       | 1. 11/10                                                         | MAS WINE                                                                                                      | W4. Eller                | J & Drughly                                        |  |  |
| VS 150                                         | Hunta                                                          | Jan 1900                   |                                                                  | -1/299                                                                                                        | 1. Caroli                | negel                                              |  |  |
|                                                | 10)                                                            |                            |                                                                  |                                                                                                               |                          | 8 30                                               |  |  |

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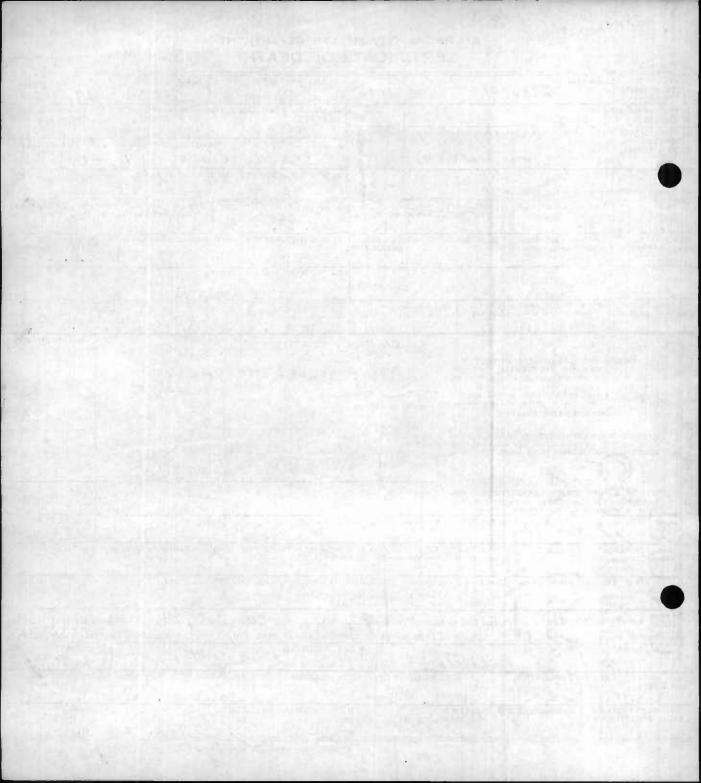
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |                | CERTIFICATI                                                     | E OF DEATH       | H Registere                           | ed No.                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME OF DECEASED                                                                                                                                                                                                        |                |                                                                 |                  | Lo Date                               |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (ype or Print) SIM                                                                                                                                                                                                      | ON             | NESIN                                                           |                  | 2. DATE<br>OF<br>DEATH 3              | ULY 19,1950                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLACE OF DEATH:<br>Baltimore City, Maryland                                                                                                                                                                             |                |                                                                 | A. STATE         | NCE (Where deceased live<br>B. COUNT) |                              |
| H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FULL NAME OF (If not in hospits DSPITAL OR ISTITUTION                                                                                                                                                                   | al or institut | ion, give street address or<br>location)                        | c. CITY OR TOWN  | (If outside corporate l               | limits, write RURAL and give |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UNIVERSITY                                                                                                                                                                                                              | H              | USPITAL                                                         |                  | IMORE                                 | 12-03 township)              |
| c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Length of stay in Baltimore                                                                                                                                                                                             |                | Yrs.<br>Mos.<br>Days                                            | D. STREET ADDRE  | SS (If rural, give location           | )<br>T.                      |
| and the latest l | SEX 6. COLOR OR RACE                                                                                                                                                                                                    |                | E. MARRIED?<br>VED. DIVORGED (Specify)                          | 8. DATE OF BIRTH | last birthday)                        | Months Days Hours Min.       |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A. USUAL OCCUPATION (Give kind of                                                                                                                                                                                       | IOB. KIND      | OF BUSINESS OR                                                  | Aug. 23, I       | State or foreign country)             | 12. CITIZEN OF               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | doneduring most of working life, even if retired)                                                                                                                                                                       |                | Can Co.                                                         | Hungar           |                                       | WHAT COUNTRY?                |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . FATHER'S NAME                                                                                                                                                                                                         |                |                                                                 | 14. MOTHER'S MA  | <u> </u>                              |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Weliko Wesin                                                                                                                                                                                                            |                |                                                                 | Katica           | Szalagji                              |                              |
| 15<br>(Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WAS DECEASED EVER IN U.S. ARMED                                                                                                                                                                                         | FORCES?        | 16. SOCIAL<br>SECURITY NO.                                      | 17. INFORMANT    |                                       | ADDRESS                      |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 170                                                                                                                                                                                                                     |                |                                                                 | Anna M.          | Mesin 346 E. 2                        | Sth. St.                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18. 4200                                                                                                                                                                                                                |                | CAUSE                                                           | OF DEATH         |                                       | INTERVAL BETWEEN             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASE  DISEASE  DISEASE |                |                                                                 |                  |                                       |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ANTECEDENT CAUS                                                                                                                                                                                                         | SES            |                                                                 |                  |                                       |                              |
| RTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DISEASES OR CONDITIONS, I<br>RISE TO THE ABOVE CAUSE (A)<br>UNDERLYING CONDITION LA                                                                                                                                     |                |                                                                 |                  |                                       |                              |
| F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                         |                | _ (C)                                                           |                  |                                       |                              |
| Ш                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OTHER SIGNIFICANT CONDITERISTING TO THE DEATH, BUT                                                                                                                                                                      | NOT RELAT      | ŁD .                                                            |                  |                                       |                              |
| O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 19A. DATE OF OPERATION                                                                                                                                                                                                  |                | FINDINGS OF OPER                                                | ATION            |                                       | 20. AUTOPSY?                 |
| AL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                         |                |                                                                 |                  |                                       | YES NO P                     |
| EDICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 21A. ACCIDENT, SUICIDE,<br>HOMICIDE (Specify)                                                                                                                                                                           |                | ACE OF INJURY (e. g., i<br>farm, factory, street, office bldg., |                  |                                       | ity, give exact location)    |
| Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 21D. TIME (Month) (Day) (Year)                                                                                                                                                                                          | (Hour)         | 21E. INJURY OCCURR                                              |                  | INJURY OCCUR?                         |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         | m.             | WHILE AT NOT WHILE AT WORK                                      |                  |                                       |                              |
| 22. I hereby certify that I attended the deceased from July 19, 1950, that I deceased alive on 19, 1950, and that death occurred at 12:33 Am., from the causes and on the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                         |                |                                                                 |                  |                                       |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | deceased alive on 19                                                                                                                                                                                                    | , 1950,        |                                                                 | 3B. ADDRESS      | , from the causes and c               | 23C. DATE SIGNED             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Edmand B                                                                                                                                                                                                                | Muddle         | elon M.D.                                                       | (Immercity       | Horfula                               | July 19, 1950                |
| 2<br>TI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4A. BURIAL, CREMA- 24B. DATE<br>ON, REMOVAL (Specify)                                                                                                                                                                   |                | 24C. NAME OF CEMETE                                             | RY OR CREMATORY  | 240 LOCATION (City, t                 |                              |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Rurial 7-22-50                                                                                                                                                                                                          |                | Mt. Clivet                                                      | 25. FUNERAL DIR  | Baltimore, a                          | aryland.                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATE RECEIVED BY REGISTRAR                                                                                                                                                                                               | FERNAL.        | liance, Mill                                                    |                  | inc. I2I7 St. H                       |                              |
| #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | JL 1 9 1950 1                                                                                                                                                                                                           |                |                                                                 | Ray of           |                                       | GUL DU.                      |
| 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VS 130                                                                                                                                                                                                                  |                |                                                                 |                  | 1 / 1 - 1                             |                              |

54442



## BALTIMORE CITY HEALTH DEPARTMENT

50 6322 Registered No. OF July 18, 1950 DEATH B. COUNTY before admission) townshint 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY

CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) Anthony J. Cashmyer 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 872 E. Preston Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 812 E. Preston Street Davs 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify) male white May 10. 1885 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) Balto Public School Janitor Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Cashmyer unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Anthony J. Cashmyer. S12 E. Preston no CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH literoschote Cardes Dunker (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT! WORK 7/14 , 1950 to 190, that I last saw the 22. I hereby certify that I attended the deceased from\_ . 1972 and that death occurred at deceased alive on. \_\_\_m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OF CREMATORY | 24D. LOCATION (City, town, or county) burial New Cathedral Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR meticator Williams, M. M. 1217 St. Paul Street

50 6323 BIRTH NO.

# CERTIFICATE OF DEATH

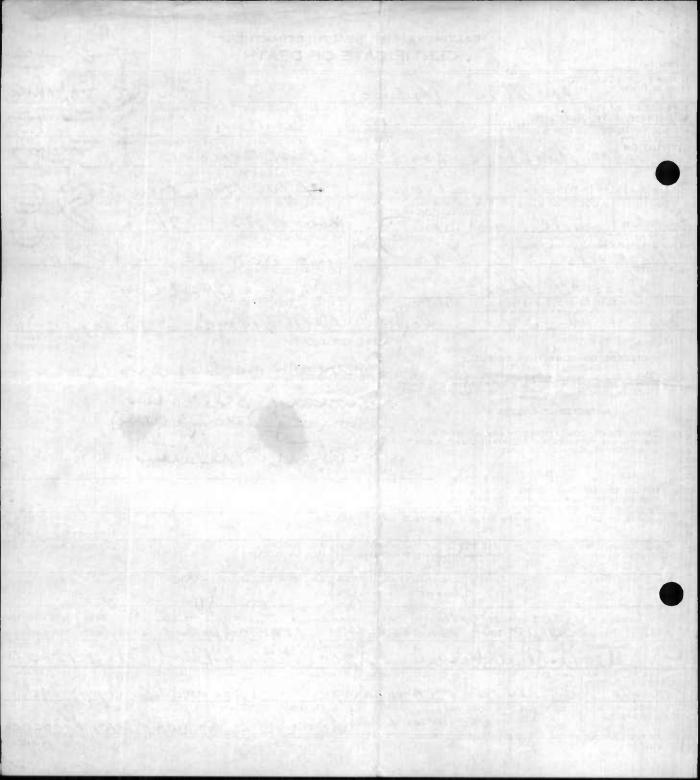
Registered No. 6323

| BI   | RTH NO.                                                                             | CERTIFICATI                                                                           | OF DEATH                |                                      |                                                        |
|------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------|--------------------------------------|--------------------------------------------------------|
|      | NAME OF DECEASED  ype or Print)  // 9/11/a                                          | Almond                                                                                |                         | 2. DATE OF DEATH                     | 8/50                                                   |
| Α.   | PLACE OF DEATH: Baltimore City, Maryland                                            | allemne, md.                                                                          | 4. USUAL RESIDENCE (    | Where deceased lived. If             | institution : residence<br>before admission)           |
| H    | FULL NAME OF (If not in hospit                                                      | al or institution, give street address or                                             | C. CITY OR TOWN         | f outside corporate limits           | s, write RURAL and give                                |
| 2    | 2930 Cherry                                                                         | y Helf ISO.                                                                           | D. STREET ADDRESS A     | rural, give location)                | O O O                                                  |
| c.   | Length of stay in Baltimore                                                         | Mos.<br>Dayo                                                                          | 2930 (he                | my The                               | fRd.                                                   |
| 7    | emale White                                                                         | 7. SINGLE, MARRIED.<br>WIDOWED, DIVORCED (Specify)                                    | and 11, 1906            | 9 AGE (In years if ast birthday) Mon | Under 1 Year II Under 24 Hours<br>nths Days Hours Min. |
|      | done during most of working life even if retired)                                   |                                                                                       | 1 MEIRTHPLACE (State or | oreign country)                      | 12. CITIZEN OF                                         |
| 3    | EATHER'S NAME                                                                       |                                                                                       | 14. MOTHER'S MAIDEN N   | AME D                                | U.S.                                                   |
| 15   | WAS DECEASED EXERIN U. S. ARMEE                                                     | D FORKES?   16, SOCIAL                                                                | Susan C                 | Thom                                 | noce                                                   |
| Yei  | , no or unknown) (If yes, give war or date                                          | SECURITY NO.                                                                          | 17. MFORMANT            | Jones.                               | Imherst Va.                                            |
|      | 18. 581.0                                                                           | CAUSE                                                                                 | OF DEATH                | 16                                   | INTERVAL BETWEEN                                       |
|      | DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of                 | TH a/b/                                                                               | maken 2                 | Aller -                              |                                                        |
|      | heart failure, asthenia, etc. It mea<br>injury or complication which of             | ans the disease,                                                                      | fetrand                 | drophages                            |                                                        |
| 2    | ANTECEDENT CAUS                                                                     | SES (B)                                                                               | rtol curk               | veez                                 |                                                        |
| 2    | DISEASES OR CONDITIONS, I<br>RISE TO THE ABOVE CAUSE (A)<br>UNDERLYING CONDITION LA | STATING THE DUE TO                                                                    |                         |                                      |                                                        |
| 1    |                                                                                     | (C)                                                                                   |                         |                                      |                                                        |
| FL   | OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION | NOT RELATED                                                                           |                         |                                      |                                                        |
| 77   |                                                                                     | 98. MAJOR FINDINGS OF OPER                                                            | ATION                   |                                      | 20. AUTOPSY?                                           |
| בחור | 21A. ACCIDENT, SUICIDE,<br>HOMICIDE (Specify)                                       | 21B. PLACE OF INJURY (c. g., in<br>about home, farm, factory, street, office bldg., e |                         | If in Baltimore City, g              |                                                        |
| IAI  | 21D. TIME (Month) (Day) (Year)                                                      |                                                                                       | ED 21F. HOW DID INJUR   | Y OCCUR?                             |                                                        |
|      | 20 7 2 2 1 1 1 1                                                                    | m. WHILE AT NOT WHILE                                                                 | 7/17 , 19 \$7to         | 7/18 , 1950                          | 1 17 1 7 3 1 1 1 1                                     |
|      |                                                                                     | , 19 30, and that death occur                                                         | red at 6 f. m., from t  | he causes and on th                  |                                                        |
|      | 23A, SIGNATURE                                                                      | Kuly M.D.                                                                             | 203 Patop               | ero ano                              | 9/19 J7                                                |
| 24   | DA SURIAL, CREMA- 24B. DATE                                                         | 10-nota WAPVI                                                                         | MANGE TORY 240 L        | ocation (City, toyin,                | or county) /(State)                                    |
|      | ATE RECEIVED BY REGISTRAN                                                           | S SIGNATURE                                                                           | 25. FUNERAL DIRECTOR    | There w.                             | ADDRESS 7/                                             |
| TT   | 101950                                                                              | to to Villians, Mill                                                                  | ands H. Jy              | gnd, 40011                           | Selchie Awg                                            |
| 11   | VS 150                                                                              | 0 0/1                                                                                 | 6 3 2 2                 |                                      | 1243                                                   |

Pirof 1866 . La 

| BIRTH NO.  | 50      | 6324   | CERTIFICATE OF DEA |         |  |
|------------|---------|--------|--------------------|---------|--|
| 1. NAME OF | DECEASE | 11 +4. | 77.11              | 2. DATE |  |

| (Type or Print) HALTIE TILLOV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. DATE OF DEATH JULY 18, 1950                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Baltimore City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence                                            |
| s. FULL NAME OF (If not in hospital or institution, give street address or location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MARYLAND                                                                                                       |
| NSTITUTION . / 10 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township                                    |
| 4700 HARTTORY JOAN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE 140KE TI-O                                                                                                |
| Length of stay in Baltimore 2/yes. Mos. Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D. STREET ADDRESS (If rural, give location)  21.700 HART FORD ROAD.                                            |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8. DATE OF BIRTH 9. AGE (In years   1 Under 1 Year   1 Under 24 Hours   last birthday) Months: Days Hours Min. |
| MEMALE WhILE WIDOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DULY 18,1879 71                                                                                                |
| OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY                                          |
| HOUSEWITE HOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TENNSYLVANIA 4.SH                                                                                              |
| 3. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 14. MOTHER'S MAIDEN NAME                                                                                       |
| NOSEPH MOORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME BRALLON                                                                                                   |
| 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17. INFORMANT ADDRESS                                                                                          |
| NO NONE NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MARIE VIETRICH 3175. YAYSON SC.                                                                                |
| 18. 260 X CAUSE C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OF DEATH INTERVAL BETWEEN                                                                                      |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 212/11 2 - 1/2 1                                                                                               |
| (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | may secureor                                                                                                   |
| injury or complication which caused death.) DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TION DEPOSIT                                                                                                   |
| ANTECEDENT CAUSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | onary occount                                                                                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | orang oranger way                                                                                              |
| RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |
| De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | apelles mellely                                                                                                |
| (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |
| OTHER SIGNIFICANT CONDITIONS CON-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |
| TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ATION                                                                                                          |
| 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ATION 20, AUTOPSY?                                                                                             |
| 21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e.g., in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | or   21c. WHERE DID (If in Baltimore City, give exact location)                                                |
| HOMICIDE (Specify) about home, farm, factory, street, office bldg., et                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tc.) INJURY OCCUR?                                                                                             |
| 21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 21F. HOW DID INJURY OCCUR?                                                                                     |
| INJURY  MHILE AT NOT WHILE  M. WORK  AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | bly 1, 19, to bly 18, 19, that I last saw th                                                                   |
| deceased alive on 18, 1950, and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3B. ADDRESS                                                                                                    |
| Mralle a. Chalison M.D. To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 300 Stallion Olis 131 7-18-50                                                                                  |
| 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)                                                  |
| BURIAL DULY 24, 1950 MEADOWRID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 19E HOWARD COUNTY Md.                                                                                          |
| DATE RECEIVED BY   REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25 FUNERAL DIRECTOR ADDRESS                                                                                    |
| OCAL REGISTRAR Thurtington Millians, Millians                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GEORGE L. Schwab 2101 FREDERIC                                                                                 |
| JL vs 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AUE.                                                                                                           |
| and the second s | 3 3 6                                                                                                          |

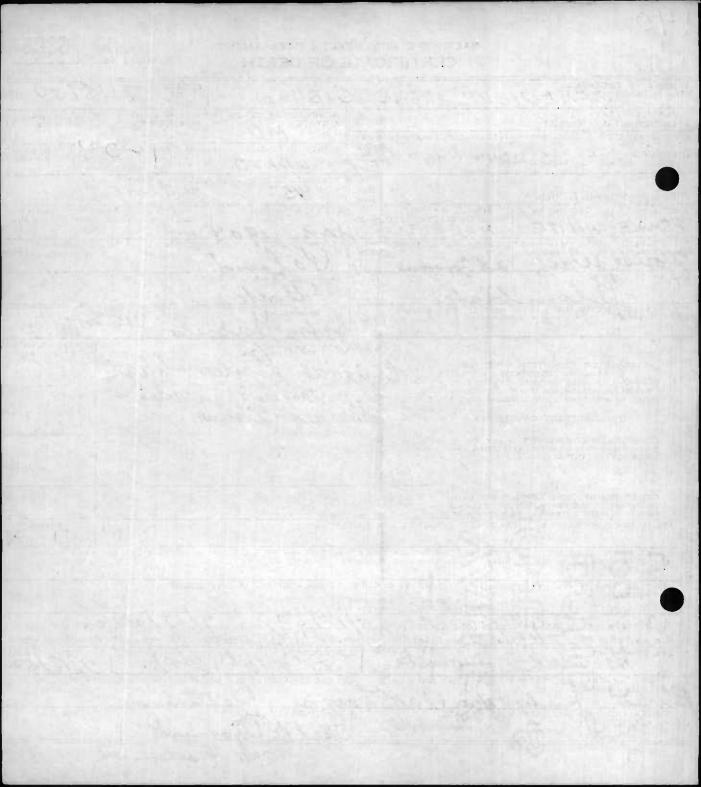


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| Registered | No |      |

|        |                                       |                                                             | BALTI                 | MORE CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HEALTH DEPARTME            |                                          | DU 6360                                                  |
|--------|---------------------------------------|-------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------|----------------------------------------------------------|
| B      | RTH 63.25                             |                                                             | CI                    | ERTIFICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TE OF DEATH                | Registered :                             | No.                                                      |
|        | NAME OF D                             |                                                             | IEVE .                | IRENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GIBULH                     | 2. DATE OF DEATH                         | 118/50                                                   |
| Α.     |                                       | City, Maryland                                              |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A. STATE                   | E (Where deceased lived, If<br>B. COUNTY | institution: residence<br>before admission)              |
| H      | FULL NAME<br>OSPITAL OR<br>ISTITUTION | St. JOSE                                                    |                       | give street address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | c. CITY OR TOWN            | (If outside corporate line               | s, brick RURAL and give                                  |
|        |                                       | 0/ 1 00012                                                  | . [027                | Yrs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B. STREET ADDRESS          |                                          | 00 11311197                                              |
|        |                                       | tay in Baltimore                                            |                       | Mor<br>Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | m elen                                   | 7                                                        |
| 5.     | PEHNLE                                | 6. COLOR DR RACE                                            |                       | ARRIED,<br>DIVORCED (Special Control of Control | DATE OF BIRTH              | 9. AGE (In years last birthday)          | If Under 1 Year II Under 24 Hours on the Days Hours Min. |
|        |                                       | CUPATION (Give kind of working all), even if retired        | 108. KIND OF          | BUSINESS OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            | e or foreign country)                    | 12. CITIZEN OF<br>WHAT COUNTRY                           |
| 13     | FATHER'S N                            | Mark                                                        | at 34                 | ome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 14. MOTHER'S MAIDE         | EN NAME                                  |                                                          |
|        | 7.                                    | Ilem.                                                       | bick                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ank                        |                                          |                                                          |
| KY     | WAS DECEASE, no or unknown)           | D EVER IN U.S. ARME<br>(If yes, give war or date            | D FORCES? 10          | SECURITY NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | John Di                    | bula 813                                 | Somilton                                                 |
|        | 18. 44                                | 3 X ,                                                       |                       | CAUSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | E DEATH                    |                                          | INTERVAL BETWEEN                                         |
|        | OISEAS<br>(This does                  | LEADING TO DEA                                              | TH<br>of dying, e.g., | (A) Cer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | elral hen                  | ucrrhags                                 | 2                                                        |
|        |                                       | re, asthenia, etc. It me<br>complication which              |                       | DUE TO RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | pertensive                 | cardis -                                 |                                                          |
| Z      |                                       | ANTECEDENT CAU                                              | SES                   | (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ocular dis                 | ease                                     |                                                          |
| CATIO  | RISE TO T                             | S OR CONDITIONS,<br>THE ABOVE CAUSE (A)<br>VING CONDITION L | STATING THE           | DUE TD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                          |                                                          |
| Ī.     |                                       | 11                                                          |                       | (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                          |                                                          |
| ERTI   | TRIBUTING                             | IGNIFICANT COND                                             | NOT RELATED           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                          |                                                          |
| C      |                                       | F OPERATION                                                 |                       | NDINGS OF OP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ERATION                    |                                          | 20. AUTOPSY?                                             |
| EDICAL | 21A. ACCIDE                           | NT, SUICIDE,                                                | 21B. PLACE            | OF INJURY (e. e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | g., in or   21c. WHERE DID | (If in Baltimore City,                   | give exact location)                                     |
| MED    | HOMICIDE                              | (Specify)                                                   |                       | factory, street, office blo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                          |                                                          |
| ~      | 21D. TIME                             | (Month) (Day) (Year                                         | WHIL                  | E AT NOT WHI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LE                         | JURY OCCUR?                              |                                                          |
|        | 22. I hereb                           | y certify that I at                                         |                       | ceased from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7/18/3019 , t              | 0 7/18/490                               | , that I last saw the                                    |
|        | deceased al                           | ing on 7/18                                                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | curred at 738 m., fr       | om the causes and on t                   |                                                          |
|        | 23A, SIGNA                            | roddeus                                                     | 1 Sour                | uski M.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | St. Gesep                  | L's loup.                                | 7/18/50                                                  |
| 2.7    | AA, BURIAL, CO., REMOVAL (S           | CREMA: 2.4B. DATE                                           | 22/50                 | ON T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | THEY DR CREMATORY 2        | 4D. LOCATION (City, town                 | , or county) (State)                                     |
|        | ATE RECEIVE                           | REGISTRAR                                                   | to Will               | WILL, MAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FUNERAL DIRECTOR           | TOR                                      | ADDRESS                                                  |
| -      | VS 150                                | Many.                                                       | AND AND DES           | AND THE REAL PROPERTY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1936                       | Bastern C                                | @ 93)                                                    |

1936 Bastem Q 93)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No BIRTH NO 1. NAME OF DECEASED (Type or Print) WILSON 2. DATE STEMBLER OF DEATH 3. PLACE OF DEATH:

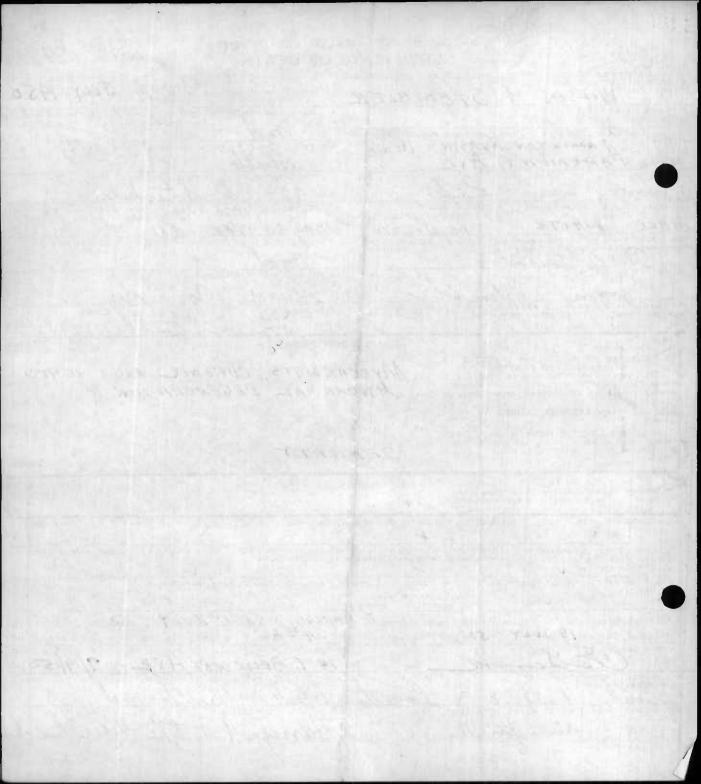
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR AMIL TON NURSING If outside corporate linits, white RURAL and give Yrs. D. STREET ADDRESS of rural, give location Mos. c. Length of stay in Baltimore Days 5. SEX 8. DATE OF BIRTH/ 70 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (in years | | Under | Year | If Under 24 Hours | Months | Days | Hours | Min. MALE May 20 1990 8 0 midowell 10A. USUAL OCCUPATION (Give kind of work done during expect of working life, s) an if rely ed) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY MEDICAL CERTIFICATION

| D. FATHER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | . 1                                                                | 14. MOTHER'S MAIDEN  | NAME                                    |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------|-----------------------------------------|-----------------------|
| John Stems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | fler                                                               | march                | Carricles                               |                       |
| 5. WAS DECLASED EVER IN U. S. ARMED FORCES?  on, no or uninown) (If yes, give war or dates of service)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 16. SOCIAL<br>SECURITY NO.                                         | 17. INFORMANT        | O d d d                                 | DDRESS 01             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SECORITI NO.                                                       | Johns                | Stembles                                | 3798 Stu              |
| 18. 422 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CAUSE                                                              | OF DEATH             |                                         | INTERVAL BETWEEN      |
| DISEASE OR CONDITION DIRECTLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    | 22 4/                |                                         |                       |
| (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2., (A)////YOC                                                     | ARDITIS, CH          | RONIC AND                               | 10945                 |
| injury or complication which caused death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | i.) DUE TO MYOC                                                    | ARDIAL DEC           | SENERA TION                             |                       |
| ANTECEDENT CAUSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                      |                                         |                       |
| DISEASES OR CONDITIONS, IF ANY, GIVIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (B)                                                                |                      | *************************************** |                       |
| RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    | ILITY                |                                         |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (c) ————————————————————————————————————                           |                      |                                         |                       |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                      |                                         |                       |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ED W                                                               |                      |                                         |                       |
| TO THE DISEASE OR CONDITION CAUSING I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FINDINGS OF OPER                                                   | ATION                |                                         | 20. AUTOPSY?          |
| ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L                                                                  |                      |                                         | YES NO Y              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ACE OF INJURY (e. g., in<br>farm, factory, street, office bldg., e |                      | (If in Baltimore City, g                | ive exact location)   |
| CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | /                                                                  | MSONT OCCORT         | 1                                       |                       |
| IN ILIPY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 21E. INJURY OCCURRE                                                |                      | JRY OCCUR?                              |                       |
| m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WHILE AT NOT WHILE                                                 |                      |                                         |                       |
| 22. I hereby certify that I attended the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | deceased from 16 A                                                 | IARCH , 1950 to      | 18 JULY , 1950                          | , that I last saw the |
| deceased alive on 10 40-1, 1930,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | and that death occur                                               | rea at T = Am., from | n the causes and on th                  | c date stated above   |
| 23A. SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | O74 E.BEWE           | ARRA AVE                                | 23C. DATE SIGNED      |
| 4A. BURIAL, CREMA- 24B. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 24c. NAME OF CEMETER                                               |                      | LOCATION (City, town,                   | or county) (State)    |
| Business 7/17/50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Land.                                                              | , (Sh. b)            | R. It. 2.                               |                       |
| ATE RECEIVED BY REGISTRAR'S SIGNATU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | JRE                                                                | 25. FUNERAL DIRECTO  | R COLLO MY                              | ADDRESS A             |
| III 20 1950 Thutuston Will                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Laura M.M.                                                         | Trans /              | mithe 41                                | 01 Chunke             |
| Vs 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 - La 1949                                                        |                      | 7                                       | Ass                   |
| The state of the s | ESCHOLOGICA TO                                                     |                      |                                         | 730                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                      |                                         |                       |

before admission)

WHAT COUNTRY?

township)



1. (']

### CERTIFICATE CORRECTED BALTIMORE CITY HEALTH DEPARTMENT

|            | 50  | 6327        |
|------------|-----|-------------|
| Registered | No. | 0 (3 ) (1 ) |

| BIRTH NO.                                                                                                                                    | CERTIFICATE                                                                          | E OF DEATH                                          | Registered                                | 110                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------|----------------------------------------------------------|
| 1. NAME OF DECEASED (Type or Print) RICHARD RC                                                                                               | DBINSON                                                                              |                                                     | 2. DATE<br>OF Jul                         | ly 17, 1950                                              |
| 3. PLACE OF DEATH:  A. Baltimore City, Maryland                                                                                              |                                                                                      | 4. USUAL RESIDENCE (W                               | here deceased lived.  B. COUNTY           | If institution : residence<br>before admission           |
| B. FULL NAME OF (If not in hospital                                                                                                          | or institution, give street address or location)                                     | Maryland                                            | 100                                       | woll                                                     |
| HOSPITAL OR US Marine Ho<br>INSTITUTION US Marine Ho<br>Wyman Pk. Drive & 31st                                                               |                                                                                      | c. CITY OR TOWN (If Westmin                         |                                           | its, write RURAL and giv<br>township                     |
| All IA. Bilvo & Olso                                                                                                                         | Yrs.                                                                                 | o. STREET ADDRESS (IL)                              | rural, give location)                     |                                                          |
| c. Length of stay in Baltimore                                                                                                               | Mos. Days                                                                            | o. STREET ADDRESS (III                              | es Street                                 | 5641                                                     |
| M col                                                                                                                                        | 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Wid. Married                         | 8. DATE OF BIRTH 4/23/96                            | 9. AGE (In years)<br>last birthday)<br>54 | If Under 1 Year II Under 24 Hours Jonths Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even If retired)  Retired                                          | SCA LA RER                                                                           | 11. BIRTHPLACE (State or fo                         | reign country)                            | 12. CITIZEN OF<br>WHAT COUNTRY                           |
| 13. FATHER'S NAME William Robinson                                                                                                           |                                                                                      | 14. MOTHER'S MAIDEN NA Betty ?                      | ME                                        | V                                                        |
| 15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) Yes (If yes, give war or dates WWW I                                                | FORCES? 16. SOCIAL SECURITY NO.                                                      | 17. INFORMANT<br>Records- US M                      |                                           | ADDRESS                                                  |
| 18. 493 X 490                                                                                                                                | CAUSE (                                                                              | OF DEATH                                            |                                           | INTERVAL BETWEEN                                         |
| DISEASE OR CONDITION DELEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca | dying, e.g., (A) Empyon st the disease, used death.) DUE TO                          | na, etiology not d<br>right l<br>arditis, acute, he | ung                                       | Unknown                                                  |
| ANTECEDENT CAUSE                                                                                                                             |                                                                                      | nia, resolved, ri                                   |                                           | The less some                                            |
| DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS                                                              | ANY, GIVING<br>STATING THE OUE TO                                                    | ######################################              | <i>មីកោ</i> ការកំប <u>ា</u>               |                                                          |
| UNDERLYING CONDITION LAS                                                                                                                     | (C)                                                                                  |                                                     |                                           | (8100)                                                   |
| OTHER SIGNIFICANT CONDIT TRIBUTING TO THE OEATH, BUT NO THE OISEASE OR CONDITION                                                             | NOT RELATED                                                                          |                                                     |                                           |                                                          |
| . 19A. DATE OF OPERATION   19                                                                                                                | B. MAJOR FINDINGS OF OPER                                                            | ATION                                               |                                           | 20, AUTOPSY?                                             |
| 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)                                                                                                   | 21B. PLACE OF INJURY (e.g., it<br>about home, farm, factory, street, office bldg., e |                                                     | f in Baltimore City,                      | give exact location)                                     |
| 21D. TIME (Month) (Day) (Year) (                                                                                                             | Hour) 21E. INJURY OCCURRE  MHILE AT NOT WHILE WORK AT WORK                           |                                                     | OCCUR?                                    |                                                          |
| 22. I hereby certify that I atte                                                                                                             | nded the deceased from Ju                                                            | ly 8 , 19 50 to Ju                                  | ly 17 , 19                                | 50, that I last saw th                                   |
| deceased alive on July 17                                                                                                                    | , 19//50, and that death occur                                                       | red at 1:20Am., from th                             | re causes and on                          |                                                          |
| D.W. Patrick, Modice                                                                                                                         | Director                                                                             | 3B. ADDRESS                                         | Dolto Md                                  | 23c. DATE SIGNED                                         |
| 24A. BURIAL, CREMA-<br>TION REMOVAL (Specify)                                                                                                | 24C. NAME OF CEMETE                                                                  | 1/ L' 1 D                                           | Balto, Md.                                | · - M /                                                  |
| DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR                                                                                                 | SIGNATURE \                                                                          | 25 FUNERAL DIRECTOR                                 | 0 - 802                                   | ADDRESS                                                  |
| 10 20 1950 Tuntaingle                                                                                                                        | A TIMULANUA, BUT                                                                     | C'usines (10)                                       | 002                                       | mai noc.                                                 |
| VS 150                                                                                                                                       | 673                                                                                  | 55320                                               |                                           | 108                                                      |

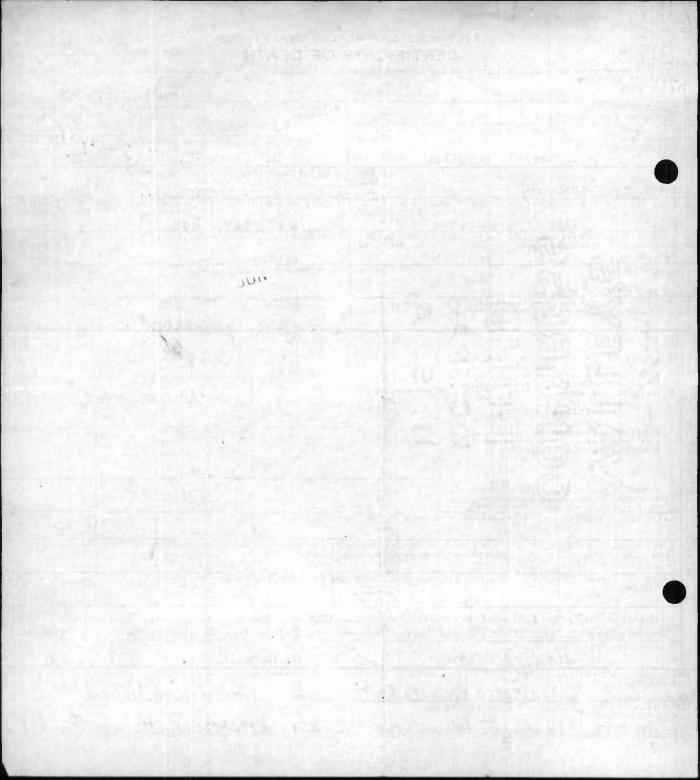
Market Charles close preumorias from Baren of Commo Des and report for Do John Bloom Us menon / hope 8.1550 60 ... The state of the s ACTED A WEST OF THE · Same of the form of the late.

1. NAME OF DECEASED

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

| 1. NAME OF DECEASED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. DATE                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| (Type or Print) Helga Christina Berger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DEATHJULY 18, 1950                                                                                                               |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)                         |
| B. FIJLL NAME OF (If not in hospital or institution, give street add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  |
| HOSPITAL OR locality in the local locality in the local locality in the local  | c. CITY OR TOWN (If outside corporate limits, wr LRURAL and give                                                                 |
| St. Joseph's Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Baltimore 24, 26 township)                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yrs. D. STREET ADDRESS (If rural, give location)                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 33 S. Kresson St.                                                                                                                |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. DATE OF BIRTH  9. AGE (In years   fi Under 1 Year   fi Under 24 Hours   pocify)  1 last birthday   Months: Dnys   Hours: Min. |
| Female White Married                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Man 8 2 1 929 21 Months: Days Hours: Min.                                                                                        |
| 10A. USUAL OCCUPATION (Give kind of order to the control of the co |                                                                                                                                  |
| Packer Goetze's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Germany                                                                                                                          |
| 13. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14. MOTHER'S MAIDEN NAME                                                                                                         |
| Quant laboured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17. INFORMANT ADDRESS                                                                                                            |
| (Yes, no or buknown) (If yes, give war or dates of service) SECURITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10.                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | George Berger 3200 Brenden live                                                                                                  |
| 18. 792 X , CA!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SE OF DEATH                                                                                                                      |
| DISEASE OR CONDITION DIRECTLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                                                                                |
| (This does not mean the mode of dying, e. g., (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Menin                                                                                                                            |
| heart failure, asthenia, etc. It means the disease,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | × × × × × × × × × × × × × × × × × × ×                                                                                            |
| injury or complication which caused death.) DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Jane alonerylonephrto                                                                                                            |
| ANTECEDENT CAUSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | with the second                                                                                                                  |
| Z (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |
| RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |
| UNDERLYING CONDITION LAST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |
| (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |
| OTHER SIGNIFICANT CONDITIONS CON.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |
| TRIBUTING TO THE DEATH, BUT NOT RELATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  |
| TO THE DISEASE DR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OPERATION   20, AUTOPSY?                                                                                                         |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |
| U 214 ACCIDENT SUICIDE 215 DI ACE OF INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |
| 21A. ACCIDENT, SUICIDE.  HOMICIDE (Specify)  Bout home, farm, factory, street, offi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | URRED 21F, HOW DID INJURY OCCUR?                                                                                                 |
| WHILE AT NOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WHILE                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 22. I hereby certify that I attended the deceased from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | June 27, 1950, to July 18, 1950 that I last saw the                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | occurred at 2 P.m., from the causes and on the date stated above.                                                                |
| 23A. SIGNATURE POSTELES M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11.00 N Capaline S+ 7/18/60                                                                                                      |
| 244 BURIAL CREMA- 248 DATE 124C NAME DE CI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | METERY DR CREMATORY   240, LOCATION (City, town, or county) (State)                                                              |
| TION, REMOVAL (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tional Fridrick Road                                                                                                             |
| Burial July 31 1950 Balls 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tional fridrick load                                                                                                             |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25. FUNERAL DIRECTOR ADDRESS                                                                                                     |
| WIL O O 1050 Thutwater Williams, Mil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | G. W. LARRASTICH H. (P. 1)                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dep. 19 vor 1705-03100 aller som and line                                                                                        |
| JUL VS 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dess. 1900 1101-0310 Vallersons am Une                                                                                           |
| JULYS 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 40 - 131B                                                                                                                        |

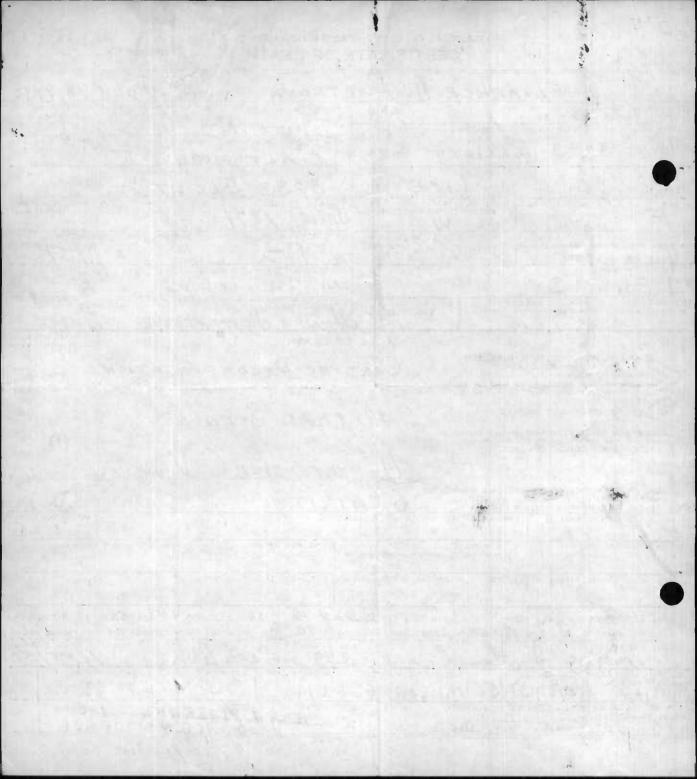


| 634                                 |     |
|-------------------------------------|-----|
| ВІВТН N329                          |     |
| 1. NAME OF DECEA<br>(Type or Print) | SED |

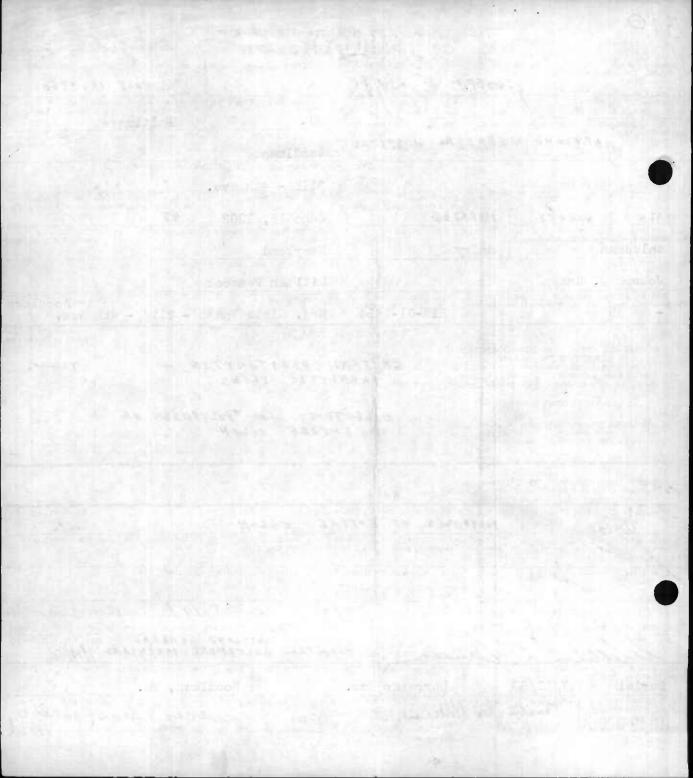
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 6329

| NAME OF DECEASED FLORENCE R. HA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RTLOVE 2. DATE OF DEATH JULY 18, 1950                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| PLACE OF DEATH:<br>Baltimore City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. STATE B. COUNTY before admission) |
| FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR ISSTITUTION 3033 ELLIOTT ST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C. CITY OR TOWN (B outside corporate limits, write RU AL and give township)                             |
| Yrs. Mos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D. STREET ADDRESS (If rural, give location)                                                             |
| Length of stay in Baltimore  Days  SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8. DATE OF BIRTH 9. AGE (In year Months: Days Hours Min.                                                |
| DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?                                |
| HOUSE WIFE  B. FATHER'S NAME  M. F. L. A. L. G.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14. MOTHER'S MAIDEN NAME                                                                                |
| 5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   16. SOCIAL   16. SOCIAL   16. SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NARY OWENS  17, INFORMANT // ADDRESS                                                                    |
| SECONITI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HENRY O. HARTLOVE SAME.                                                                                 |
| 18. 443 X CAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF DEATH INTERVAL BETWEEN ONSET AND DEATH                                                               |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | December of                                                                                             |
| (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DIAC DESOMPENSATION                                                                                     |
| ANTECEDENT CAUSES M,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TRAL STENOSIS                                                                                           |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |
| (c) Hyp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ERTENSIVE C. V. DISEASE                                                                                 |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ILLITY.                                                                                                 |
| 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RATION   20. AUTOPSY?                                                                                   |
| 21A, ACCIDENT, SUICIDE,<br>HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i. homicide bldg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n or   21c. WHERE DID (If in Baltimore City, give exact location)                                       |
| 21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ED 21F, HOW DID INJURY OCCUR?                                                                           |
| INJURY  WHILE AT NOT WHILE AT WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |
| The state of the s | ULY 18, 19 59 to July 18, 1959 that I last saw the                                                      |
| deceased alive on JULY 1819 50, and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rred at 10 m., from the causes and on the date stated above.                                            |
| Henry V. Houska M.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 333 S. 6 ast you. 7/18/50                                                                               |
| 4A. BURIAL CREMA- 48 PATE 24C. NAME OF CEMETE ON REMOVAL (Specify) 1044 21/50 MT. CARMEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Con adda. T. I at                                                                                       |
| ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR  III 201950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STEPHEN J. FIALKOWSKI, APACESS<br>OF COUS. IX EN WOOD AVE                                               |
| VS 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Stephen & Tialhowski 92B                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |



| 510<br>PRTH 1633                                                                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                       | EALTH DEPARTMENT                                                                                      | Registered N                                                         | 50 6330                                                           |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|
| 1. NAME OF DI<br>(Type or Print)                                                     | ECEASED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TOSEPH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.              | KNAPF                 | ,                                                                                                     | 2. DATE.<br>OF JULY                                                  | 19, 1950                                                          |
|                                                                                      | EATH:<br>City, Maryland<br>OF (If not in hospit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | al or instituti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on, give s      | treet address o       |                                                                                                       | (Where deceased lived. If<br>B. COUNTY<br>Baltimor                   | institution : residence<br>before admission                       |
| INSTITUTION                                                                          | ARYLAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | GENER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AL H            | OSPITAL<br>Yrs.       |                                                                                                       | If outside corporate limits                                          | s, write RURAL and give township                                  |
|                                                                                      | tay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | Mos.<br>Days          | 2113 - 4th Av                                                                                         | -                                                                    | 300                                                               |
| MALE                                                                                 | 6. COLOR OR RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. SINGLE<br>WIDOW<br>MARKI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ED, DIVO        | ED,<br>ORCED (Specify | June 18, 1902                                                                                         |                                                                      | Under 1 Year If Under 24 Hours Min.                               |
| SALESMA  13. FATHER'S N                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dairy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF BUS          | NESS OR NDUSTR        | 11. BIRTHPLACE (State or                                                                              |                                                                      | 12. CITIZEN OF<br>WHAT COUNTRY                                    |
|                                                                                      | J. Knapp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                       | Lillian Peaco                                                                                         |                                                                      | , , , , , , , , , , , , , , , , , , ,                             |
| (es, oo or uoknowo)                                                                  | D EVER IN U. S. ARMEI<br>(If yes, give wer or date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FORCES?<br>s of service)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 16. SOC<br>217- | DI-1454               | 17. INFORMANT Mrs. Elsie Kna                                                                          | app - 2113 - 4                                                       | th Ave.                                                           |
| heart failuinjury or  DISEASES RISE TO THE UNDERLY  OTHER SI                         | not mean the mode or e, asthenia, etc. It mea complication which of any of the complication of the complic | ns the disease aused death.  BES F ANY, GIVIN- STATING TH ST.  TIONS CON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DUE (E G E DUE  | TO PAR                | AL PERITONI<br>ALYTIC ILEUS<br>CTOMY FOR PO<br>ENTIRE COLON                                           | LYPOSES OF                                                           | 4 days.                                                           |
| TO THE DI                                                                            | TO THE DEATH, BUT SEASE OR CONDITION F OPERATION   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CAUSING 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | GS OF OPE             | PATION                                                                                                |                                                                      |                                                                   |
| 7/15                                                                                 | 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _               | OF ENT                |                                                                                                       |                                                                      | YES NO                                                            |
| LYING OR CAUSE OF II  21D. TIME (  5 INJURY)  22. I hereby deceased all  23A. SIGNAT | Month) (Day) (Year)  y certify that I att  ive on 7/19/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Hour) 2 m. weended the company of t | TE. INJU        | t death oecu          | RED 21F. HOW DID INJURY  3/3/4, 1950, to  rred at 152 m., from  23B. ADDRESS MARYLAN  HOSPITAL BALTIN | 1/19/, 19.52<br>the eauses and on the<br>ID GENERAL<br>IDRE, MARYLAN | o, that I last saw the date stated above 23c. DATE SIGNED 7/19/50 |
| 24A. BURIAL, C<br>TON, REMOVAL (S)<br>Burial                                         | REMA-<br>pecify) 7/22/50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | aine Cem              |                                                                                                       | dlawn, Md.                                                           | or county) (State)                                                |
| DATE RECEIVED                                                                        | BY   REGISTRAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | llian           | LL, ML                | 25. FUNERAL DIRECTOR                                                                                  |                                                                      | ADDRESS Sulto                                                     |
| VS 150                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · ····································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - Manerinal     | 49                    | 0 6B                                                                                                  |                                                                      | 56E                                                               |



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| BALTIMORE | CITY | HEALTH | DEPARTMENT |
|-----------|------|--------|------------|
| CERTI     | FICA | TE OF  | DEATH      |

| IRTH 6331                                  |                                                                                                                                                                                  |                                                                     | CERTIFICAT                                                       | E OF DEATH                                    | Registered                        | No.                            | JOU.L                         |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|-----------------------------------|--------------------------------|-------------------------------|
| NAME OF D                                  | ECEASED                                                                                                                                                                          | Δ                                                                   | Walter Nelk                                                      | 0.74                                          | 2. DATE<br>OF 7                   | -19-50                         |                               |
| Baltimore (                                | City, Maryland                                                                                                                                                                   |                                                                     |                                                                  | 4. USUAL RESIDENCE (W                         | 1                                 | f institution                  | : residence<br>ore admission) |
| OSPITAL OR<br>NSTITUTION                   | Baltimore<br>4940 Easte                                                                                                                                                          | City H<br>rn Ave                                                    | ion, give street address or<br>IOS p1 te ligration)              | c. CITY OR TOWN (If Baltimore                 | outside corporate limi            | its, write RU                  | JRAL and give<br>township)    |
|                                            | tay in Baltimore                                                                                                                                                                 | Life                                                                | Yrs.<br>Mos.<br>Days                                             | 5366 Cordelia                                 |                                   |                                |                               |
| . SEX                                      | 6.COLOR OR RACE                                                                                                                                                                  | 7. SINGLE<br>WIDOW<br>Marr                                          | MARRIED,<br>ED, DIVORCED (Specify)                               | 8. DATE OF BIRTH March 25-1877                | 9. AGE (In years last birthday) M | ff Under 1 Year<br>Ionths Days | Hours Min.                    |
| Upholsi                                    |                                                                                                                                                                                  |                                                                     | OF BUSINESS OR INDUSTRY Bedding                                  | 11. BIRTHPLACE (State or for Maryland         | reign country)                    | 12. CITIZ<br>WHA               | ZEN OF<br>T COUNTRY           |
| 3. FATHER'S N                              | John Fre                                                                                                                                                                         | d Nolle                                                             |                                                                  | 14. MOTHER'S MAIDEN NA                        | AME                               |                                |                               |
| 5. WAS DECEASE<br>on, no or unknown)       | D EVER IN U. S. ARMED                                                                                                                                                            | FORCES?                                                             | 16. SOCIAL<br>SECURITY NO.                                       | 17. INFORMANBALTIME<br>Records: 4940 E        | ore City Pastern Ave              | প্রসূত্র                       | als                           |
| (This does heart failur injury or DISEASES | E OR CONDITION I LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LANGED | H dying, e. g ns the disease aused death.  ES ANY, GIVIN STATING TH | (B) Cere                                                         | ebral An•xis                                  | <b>3</b>                          |                                |                               |
| TRIBUTING                                  | II<br>IGNIFICANT CONDI<br>TO THE DEATH, BUT<br>ISEASE OR CONDITION                                                                                                               | NOT RELATE                                                          | D                                                                |                                               |                                   |                                |                               |
| 19A. DATE O                                | F OPERATION 7 1                                                                                                                                                                  | B. MAJOR                                                            | FINDINGS OF OPER                                                 | ATION                                         |                                   | 20. YES                        | AUTOPSY?                      |
|                                            | ENT WAS UNDER. CONTRIBUTING DEATH                                                                                                                                                | 21B. PLA<br>about home, fe                                          | CE OF INJURY (e. g., in<br>arm, factory, street, office bldg., e | o or 21c. WHERE DID (Index.) INJURY OCCUR?    | f in Baltimore City,              |                                | -                             |
| INJURY                                     | Month) (Day) (Year)                                                                                                                                                              | m.                                                                  | 21E. INJURY OCCURR WORK NOT WHILE AT WORK                        |                                               |                                   |                                |                               |
| deceased al                                | ive on 7-19-                                                                                                                                                                     | ended the                                                           | deceased from 7-                                                 | 17 - , 19 5 to 7 - ; red at 1 • 40AM, from th |                                   | Q that I i                     | last saw the<br>tated above   |
| 23A. SIGNAT                                | URE . C                                                                                                                                                                          | efg                                                                 | - //                                                             | 38. ADDRESS<br>4940 Eastern A                 | ve.                               | 7-1                            | ATE SIGNED                    |
| AA. BURIAL, CON, REMOVAL                   | PTHT 7/22/                                                                                                                                                                       | 50                                                                  | Loudon Park                                                      |                                               | timore, Md.                       | or county)                     | (State)                       |
| ATE RECEIVED<br>OCAL REGISTI               | RAR REGISTRAR'S                                                                                                                                                                  | SIGNATH                                                             | Miane, M.                                                        | I'm . J. ic                                   | bener 4x                          | ADDRES                         | Salto,                        |
| 140 400                                    | ***                                                                                                                                                                              | wist.                                                               |                                                                  | //                                            |                                   |                                | VIVIA .                       |

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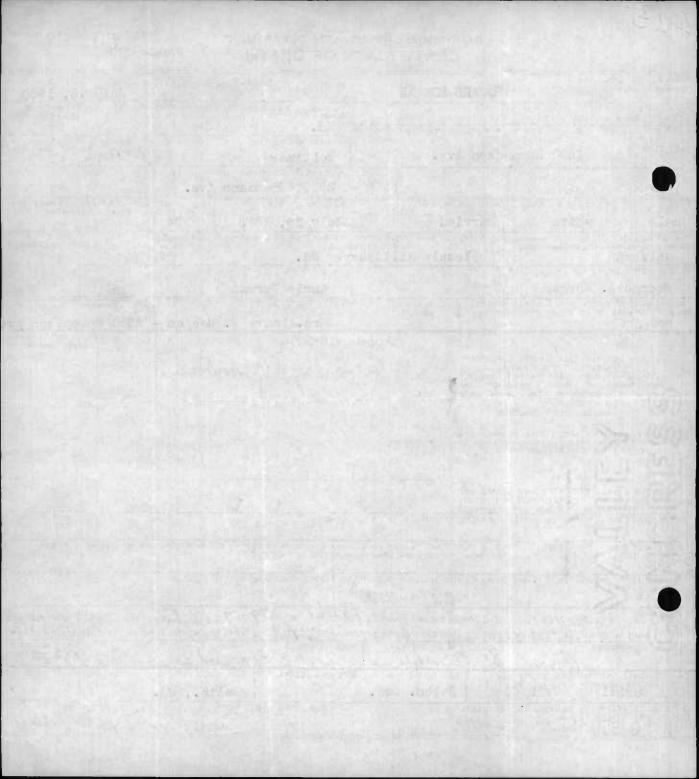
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6332 BIRTH NO. 1. NAME OF DECEA

## BALTIMORE CITY HEALTH DEPARTMENT

50 6332 istered No. 0

| BIRTH NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3332                                                                                                     |                                                                                                                                     |                                                                             | CERTIFICAT                                                | E OF DEATH                            | Registe                        | red No          | 000.3                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------|--------------------------------|-----------------|-----------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF DECEAS                                                                                                | ED                                                                                                                                  | HOWAR                                                                       | D MOR GAN                                                 |                                       | 2. DATE<br>OF<br>DEATH         | July            | 18, 1950                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of DEATH:                                                                                                |                                                                                                                                     | al or institut                                                              | ion, give street address o                                | 4. USUAL RESIDENCE<br>A. STATE<br>Md. | (Where deceased liv<br>B. COUN | ed. If institut |                                         |
| NSTITUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OR                                                                                                       | 2800 Edmo                                                                                                                           |                                                                             | location                                                  |                                       | (If outside comported          | e limits, write | RURAL and give township)                |
| . Length                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | n of stay in                                                                                             | Baltimore                                                                                                                           |                                                                             | Yrs.<br>Mos.<br>Days                                      | 2800 Edmondso                         |                                | on)             |                                         |
| male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6. COL                                                                                                   | OR OR RACE                                                                                                                          |                                                                             | E. MARRIED.<br>/ED, DIVORCED (Specify                     | B. DATE OF BIRTH July 20, 1875        | 9. AGE (In year last birthday  | ars             | ear N Under 24 Hours<br>Pays Hours Min. |
| ork doos durin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          | ION (Give kind of<br>life, eveo if retired)                                                                                         | 108. KIND                                                                   | o of Business or INDUSTRY                                 | 11. BIRTHPLACE (State of              | or foreign country)            |                 | TIZEN OF                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ER S NAME                                                                                                |                                                                                                                                     |                                                                             |                                                           | 14. MOTHER'S MAIDEN                   | NAME                           |                 |                                         |
| Geor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rge A. M                                                                                                 | organ                                                                                                                               |                                                                             |                                                           | Annie Dorman                          |                                |                 |                                         |
| S. WAS D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ECEASED EVER                                                                                             | IN U. S. ARME                                                                                                                       | FORCES?                                                                     | 16. SOCIAL<br>SECURITY NO.                                | 17. INFORMANT                         |                                | ADDRES          | ss                                      |
| no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (***                                                                                                     |                                                                                                                                     |                                                                             | SECONITI NO.                                              | Mrs. Laura P                          | . Morgan -                     | 2800 Ed         | mondson Av                              |
| (The head in justice i | LEAD tis does not m rt failure, asth ury or compli  ANTEC SEASES OR C E TO THE ABC DERLYING C HER SIGNIF | ING TO DEA ean the mode enia, etc. It me eation which CEDENT CAUS ONDITIONS, OVE CAUSE (A) CONDITION L.  II CANT COND HE DEATH, BUT | TH of dying, e ans the disease caused death SES F ANY, GIVII STATING T AST. | (B)                                                       | muy (Min                              | mbores                         |                 |                                         |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ATE OF OPE                                                                                               | RATION O                                                                                                                            |                                                                             | FINDINGS OF OPE                                           |                                       |                                | 2               | 20. AUTOPSY?                            |
| 21A. A<br>HOMIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CCIDENT, SU                                                                                              |                                                                                                                                     |                                                                             | ACE OF INJURY (e. g.,<br>farm,factory,atreet,office bldg. |                                       | (If in Baltimore               |                 |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IME (Month)<br>JURY                                                                                      | (Day) (Year                                                                                                                         | ) (Hour)                                                                    | 21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK        |                                       |                                |                 |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                                                                                                                     |                                                                             |                                                           | 7.18.50,                              |                                |                 |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IGNATURE                                                                                                 | Anna                                                                                                                                | 8.                                                                          |                                                           | 23B. ADDRESS 2/03 CAM                 | unden                          |                 | DATE SIGNED                             |
| 24A. BUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RIAL, CREMA-<br>DVAL (Specify)<br>Burial                                                                 | 7/21/5                                                                                                                              | 50                                                                          | 24c. NAME OF CEMET Balto. Com.                            |                                       | alto., Md.                     | , town, or cou  | nty) (State)                            |
| DATE RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CEIVED BY<br>EGISTRAR<br>0 1950                                                                          | REGISTRAR                                                                                                                           |                                                                             |                                                           | 25 FUNERAL DIRECTO                    |                                | - Y Jai         | o laste                                 |
| VS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 150                                                                                                      | sant,                                                                                                                               | was size 100                                                                | 490                                                       | 62                                    | 4                              | 94a             | - mid.                                  |



| 7  | 50   |
|----|------|
| 16 | 3333 |

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6333

| -         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                            |                           |                                    |                       |                                         |
|-----------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------|---------------------------|------------------------------------|-----------------------|-----------------------------------------|
| 1.<br>(T) | NAME OF Divpe or Print)                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DA SOL            | MASON                                                      |                           | 2. DATE<br>OF<br>DEATH             | 7/19/5                | -0                                      |
|           | PLACE OF DE                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                            | 4. USUAL RESIDENCE ()     | Where deceased lived<br>B. COUNTY  | . If institution befo | : residence<br>ore admission)           |
| В.        | FULL NAME                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ital or institut  | ion, give street address or                                |                           |                                    |                       |                                         |
| IN        | STITUTION                               | - 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   | location)                                                  | c. CITY OR TOWN (II       | f outside corporate li             | mit write RU          | RAL and give township)                  |
| 7         | 16/3                                    | E Kappette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Que-              |                                                            | D. STREET ADDRESS (If     | rural, give location               |                       |                                         |
| c.        | Length of s                             | tay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | Yrs.<br>Mos.<br>Days                                       | 1613 E. Lass              |                                    |                       |                                         |
| _         | SEX                                     | 6. COLOR OR RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. SINGLE         | E, MARRIED,<br>/ED, DIVORCED (Specify)                     | 8. DATE OF BIRTH          | 9. AGE (In years<br>last birthday) | Months: Days          | Hours Min.                              |
| X         | vale                                    | whete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | red                                                        | aug 15 1/891              | 58                                 |                       |                                         |
|           |                                         | CUPATION (Give kinds) of working life, even If retires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of 10B. KIND      | OF BUSINESS OR                                             |                           | oreign country)                    | 112. CITIZ            | EN OF                                   |
|           | 11/-                                    | uter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Wenne             | ma Klosut                                                  | md                        |                                    |                       |                                         |
| 13        | FATHER'S N                              | IAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                            | 14. MOTHER'S MAIDEN N     | AME                                |                       |                                         |
| 0         | loest.                                  | Wan Mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dana-             |                                                            | Margaret                  | Toulso                             | n                     |                                         |
| 15        | . WAS DECEASE                           | D EVER IN U.S. ARM<br>(If yee, give war or da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ED FORCES?        | 16. SOCIAL<br>SECURITY NO.                                 | 17. INFORMANT             |                                    | ADDRESS               | 11                                      |
| 1         | , , , , , , , , , , , , , , , , , , , , |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | SECOMIT NO.                                                | anna Maro                 | n 1 613, E.                        | Talacce               | the aus                                 |
|           | 18. 14                                  | 0.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   | CAUSE                                                      | OF DEATH                  |                                    | INGER ONSE            | VAL BETWEEN                             |
|           | DISEAS                                  | SE OR CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DIRECTLY          |                                                            |                           |                                    | 0.132                 | 4                                       |
|           | (This does                              | LEADING TO DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ATH of dying, e., | myo                                                        | carded Infacts            | as due to                          |                       | ?                                       |
|           |                                         | re, asthenia, etc. It m<br>complication which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   | e,<br>1.) DUE TO QU                                        | Terrolliste carra         | ry Chearbare                       | i                     |                                         |
|           |                                         | ANTECEDENT CAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                            |                           |                                    |                       | ,                                       |
| z         |                                         | ANTECEDENT CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3323              | (B) Hype                                                   | tenue C-U Dr              | stare.                             |                       | *************************************** |
| 017       |                                         | S OR CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                            | מרחנונ                    | Cif Allaso                         |                       |                                         |
| A         | UNDERL                                  | YING CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LAST.             |                                                            | CERTIF                    | TLAHUN ALI M                       | 1110                  |                                         |
| FIC       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | (C)                                                        | (K)                       | troker                             |                       |                                         |
| RTI       | OTHER S                                 | II<br>SIGNIFICANT CON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DITIONS CO        | N •                                                        |                           | U                                  | . D.                  | FEMALE                                  |
| CEI       | TRIBUTING                               | G TO THE DEATH, BU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T NOT RELAT       | ŁD .                                                       | QUEF                      | OR ARET, MEDICAL E                 | XAMMER                | *******************                     |
|           |                                         | F OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | FINDINGS OF OPE                                            | RATION                    |                                    | 20.                   | AUTOPSY1                                |
| SAI       |                                         | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                                            |                           | 74 1 7 11                          | YES                   | NO L                                    |
| EDICA     | HOMICIDE                                | (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | ACE OF INJURY (e. g., farm, factory, street, office bldg., |                           | If in Baltimore Cit                | ly, give exact        | location)                               |
| ME        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                            |                           |                                    |                       |                                         |
|           | 21b. TIME                               | (Month) (Day) (Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | r) (Hour)         | 21E. INJURY OCCURF                                         |                           | Y OCCUR7                           |                       |                                         |
|           |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | m.                | WHILE AT NOT WHILE AT WORK                                 |                           |                                    |                       |                                         |
|           | 22. I hereb                             | y certify that I a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ttended the       | deceased from                                              | , 19, to                  | , 1                                | 9, that I             | last saw the                            |
|           | deceased a                              | live on Just                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | , 19.49_,         |                                                            | rred at 2:45 Ph., from    | the causes and o                   | n the date s          | tated above                             |
| B         | 23A. SIGNA                              | V a . 1 .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10                |                                                            | 23B. ADDRESS              | 11 .1 -                            | 23c. D/               | ATE SIGNED                              |
| _         |                                         | Mark ENDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | . 4 6             | M. D.                                                      | ERY OR CREMATORY   24D. I | OCATION (City, to                  | wn, or county         | (State)                                 |
| 7         | ON REMOVAL                              | CREMA- 24B. PATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | 0 // L                                                     | P P I                     | LOCATION (City) to                 | , 0. 00 01103         | 1,                                      |
| C         | uriale                                  | July                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 27950             | Westers                                                    | 25. FUNERAL DIRECTOR      | mond                               | ADDRES                | lve                                     |
| L         | JUAL REGISI                             | The second secon | R'S SIGNATI       | INE                                                        | 25. FUNERAL DIRECTOR      | 9 A 11                             | ADDITE:               | 10                                      |
|           | 111 20                                  | 1950 Luttury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | for //ille        | auth Mile                                                  | Les S. Levok 170          | 01-03 ILLa IL                      | now To                | esh Usu                                 |
|           | VS 150                                  | 2 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | rain ced          | . patient d                                                | 'ead on arrial            | al 2:45 1                          | 4 ma 7/               | 19/50                                   |
| 1         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 56487                                                      |                           |                                    | 43                    | )                                       |

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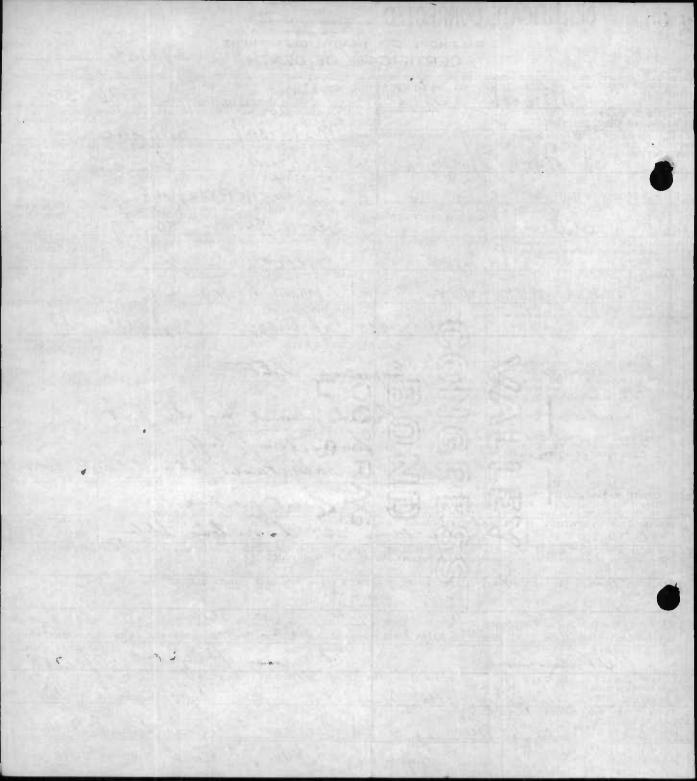
50 - 6334139852 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 50-14290 1. NAME OF DECEASE 2. DATE (Type or Print) 7-17-50 Bany Girl Prescoe- Louise OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution presidence a. STATE B. COUNTY before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland Md. B. FULL NAME OF (If not in hospital or institution, give street address or altimore City Hospitalscation) HOSPITAL OR c. CITY OR TOWN (If outside corporat) limits, write RURAL and give INSTITUTION 4940 Eastern Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 124 S. Caroline Ave. 1 hr th of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years I Under I Year I Under 24 Hours I Months: Days Hours Min. 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) Temale Negro July 17, 1950 10A. USUAL OCCUPATION (Givekindel) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Limon King Louise Prescoe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) B. C. H. ecords, 4940 Fastern Ave. 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Anoxia (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Anencephalic Monster DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY es (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OE INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from July 17 1950 to July 17 , 1950, that I last saw the deceased alive on July 17, 19 50, and that death occurred at 4.30AMm., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 astern Ave. 7-18-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 4940 astern Ave. B. C. H. rematory July 18. 1950 cremated DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

1-4 184645 . 0 ite o eter 

| 1      | 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |                                                   |
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| BI     | COCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | E OF DEATH  Registered No.                                | 6335                                              |
|        | NAME OF DECEASED  Appe or Print)  Approx  VINCENT  CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. DATE OF 7/19                                           | 9/50                                              |
|        | PLACE OF DEATH:<br>Baltimore City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY | stitution : residence<br>before admission)        |
| H      | FULL NAME OF (If not in hospital or institution, give street address o location STITUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           | write BURAL and give township)                    |
| c.     | Length of stay in Baltimore    Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore   Control of Stay in Baltimore | D. STREET ADDRESS (If rural, give location)               |                                                   |
| ,      | SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specifs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7/19/1881 last bir day Mont.                              | der I Year H Under 24 Hours<br>hs Days Hours Min. |
|        | A. USUAL OCCUPATION (Give kind of double most of working life, even if retired)  RINTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11 BLRTHOLACE (State of Toreign cou. 3y)                  | WHAT COUNTRY?                                     |
| 13     | FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 14. MOTHER'S MAIDEN NAME                                  | 1-11                                              |
|        | . WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17. INFORMANT ADD                                         | DRESS                                             |
| 4      | LAKNOWN LAKNOWN ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MRS Thes REAUNEY 430                                      | E. 22-11.                                         |
|        | 7.77/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OF DEATH                                                  | INTERVAL BETWEEN<br>ONSET AND DEATH               |
|        | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | teria Schroses C                                          | 7                                                 |
| H      | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tx pertension                                             |                                                   |
| z      | ANTECEDENT CAUSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MONTRY FORMS                                              | ,                                                 |
| CATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |                                                   |
| LIFIC  | (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                                                   |
| CERTI  | OTHER SIGNIFICANT CONDITIONS CON-<br>TRIBUTING TO THE DEATH, BUT NOT RELATED<br>TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                                                   |
|        | 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RATION                                                    | 20. AUTOPSY?                                      |
| EDICAL | 21A. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                                   |
| M      | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! INJURY WHILE AT NOT WHILE AT WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | E                                                         |                                                   |
|        | 22. I hereby certify that I attended the deceased from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -1:0                                                      | that I last saw the                               |
|        | deceased alive on 7/19, 1950, and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | irred at 4 An., from the causes and on the                |                                                   |
|        | 23A. SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 23B. ADDRESS                                              | 7/19 AZ                                           |
| 710    | 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ERW OR CREMATORY 24b. LOCATION CHE JOWN, OI               | (State)                                           |
| D.     | ATE RECEIVED BY I REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25. FUNERAL DIRECTOR                                      | ADDRESS                                           |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | +M 118 M mt Royal                                         | are 97                                            |

Spirit in 188 at the state of t THE REST OF SELECTION AND A SECOND ASSESSMENT OF SE 

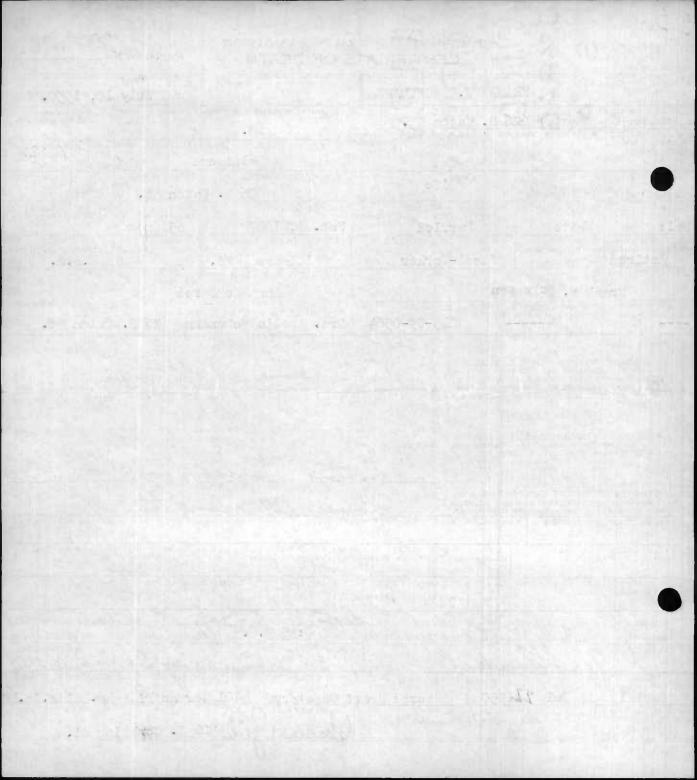
| 2 10 CERTIFICATE CORRECTED_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7-21-50                                                                                                |
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| 6990 c 4/ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EALTH DEPARTMENT 50 6336  Registered No.                                                               |
| BIRTH NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | E OF DEATH Registered No.                                                                              |
| (Type or Print) Michael Stavro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Stauropoulos DEATH 1-16-30                                                                             |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence a STATE B COUNTY before admission) |
| B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  (If not in hospital or institution, give street address or location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |
| St. Manes Mospital.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D. STREET ADDRESS, (If rural, give location)                                                           |
| c. Length of stay in Baltimore Mos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 137 Sonth Broadway                                                                                     |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9. AGE (In years I Under 1 Year II Under 24 Hours Min. South State Birthday) Months: Days Hours Min.   |
| OA. USUAL OCCUPATION (Givekind of log. KIND OF BUSINESS OR INDUSTRY WATER OF AND OF BUSINESS OR INDUSTRY OF ALL OF | i1. BIRTHPLACE (State or foreign country)  6  12. CITIZEN OF WHAT COUNTRY?                             |
| 13. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14. MOTHER'S MAIDEN NAME                                                                               |
| 15. WAS DECEASED EVER IN U. S ARMED FORES?   16. SOCIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MARIA NOSMA.                                                                                           |
| Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO. 22-03-4/630                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Bill EliApES 939 S. Oldham St                                                                          |
| 18. 526 X CAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF DEATH INTERVAL BETWEEN DNSET AND DEATH                                                              |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | runa lEFT                                                                                              |
| (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ,                                                                                                      |
| ANTECEDENT CAUSES Bron.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | choplemal fistula, post                                                                                |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | mactine lest                                                                                           |
| UNDERLYING CONDITION LAST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | unchercrases, lt + it low in loss es                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and Care, service                                                                                      |
| OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | r heart faelure                                                                                        |
| 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RATION LOVE love It long YES NO NO                                                                     |
| 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |
| D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RED 21F. HOW DID INJURY OCCUR?                                                                         |
| MILE AT NOT WHILE AT WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |
| 22. I hereby certify that I attended the deceased from 7/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16 , 1950, to 7/16 , 1950, that I last saw the                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rred at 270 Am., from the causes and on the date stated above. 238. APDRESS 230. PATE SIGNED           |
| W/ Carring M.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)                                         |
| 24A. BURIAL, CREMA-<br>TION REMOVAL (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dox Baltingie Co Ma.                                                                                   |
| DATE RECEIVED BY   REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25. FUNERAL DIRECTOR ADDRESS                                                                           |
| JIII 201950 tuntuator Williams Man                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Heavye S. Hanned Home In                                                                               |
| VS 150 7846M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 118 W. Med. Royal Are 106 B                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |



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| BIRTH NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                    |                                                                               |                                                                  |                             |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| . NAME OF DE<br>Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                    | LANK J.                                                                       | SCHUMANN                                                         |                             | 2. DATI<br>OF<br>DEAT | H July 1         | 8, 1950.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Baltimore Ci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ty, Maryland 62                                                                                                                                    | 26 S. Ea                                                                      | ton St.                                                          | 4. USUAL RESIDE<br>A. STATE | NCE (Where decea      |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| . FULL NAME O<br>HOSPITAL OR<br>NSTITUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | F (If not in hospit                                                                                                                                | al or instituti                                                               | on, give street address or<br>location)                          | c. CITY OR TOWN             | (If outside con       | porate limits, w | vrite RUKAL and give<br>township)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                    |                                                                               |                                                                  |                             | ltimore               | E 40             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Length of sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ay in Baltimore                                                                                                                                    |                                                                               | Life Yrs. Mos. Days                                              | D. STREET ADDRE             | ss (If rural, give    |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S. COLOR OR RACE                                                                                                                                   | 7. SINGLE                                                                     | , MARRIED.<br>ED. DIVORCED (Specify)                             | 8. DATE OF BIRTH            | 19 AGE                | In years If lind | ler I Year II Under 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | White                                                                                                                                              | Ma                                                                            | rried                                                            | Feb. 1, 1887                | 7 63                  |                  | B Days Hours Min.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OA. USUAL OCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | UPATION (Give kind of<br>working life, even if retired)                                                                                            | 10B. KIND                                                                     | OF BUSINESS OR INDUSTRY                                          | 11. BIRTHPLACE (S           | tate or foreign cour  | try) 12          | . CITIZEN OF<br>WHAT COUNTRY?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Retired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |                                                                               | -Worker                                                          | Baltimore                   | Md.                   |                  | U.S.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 3. FATHER'S NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AME                                                                                                                                                |                                                                               |                                                                  | 14. MOTHER'S MAI            | DEN NAME              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ank F. Solver                                                                                                                                      |                                                                               |                                                                  |                             | Schleret              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| es, no or unknown)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EVER IN U. S. ARMEI<br>(If yes, give war or date                                                                                                   | s of service)                                                                 | 16. SOCIAL<br>213-09-0564                                        | 17. INFORMANT               |                       |                  | RESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                               | 213-09-0564                                                      | Mrs. Amelia                 | Schumann              | 626 S. E         | aton St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (This does heart failure injury or of the control o | LEADING TO DEA not mean the mode of asthenia, etc. It mes complication which  OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION L  II GNIFICANT COND | of dying, e. g nns the disease caused death. SES F ANY, GIVIN STATING TH AST. | (B)                                                              | trie /Le                    | af Sts                | age              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TRIBUTING<br>TO THE DIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO THE DEATH, BUT                                                                                                                                  | NOT RELATE                                                                    | r. Com                                                           | in M                        | jacande               | tis              | 20 AUTOPSY?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    | 98. MAJOR                                                                     |                                                                  | V                           |                       |                  | YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 21A. ACCIDEN<br>HOMICIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | IT, SUICIDE,<br>(Specify)                                                                                                                          |                                                                               | CE OF INJURY (e. g., in<br>arm, factory, atreet, office bldg., e |                             |                       | nore City, give  | e exact location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 21D. TIME (M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fonth) (Day) (Year                                                                                                                                 |                                                                               | 11E. INJURY OCCURR                                               | ED 21F. HOW DID             | INJURY OCCUR          | 7                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 22. I hereby                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | certify that I att                                                                                                                                 | tended the                                                                    | deceased from                                                    | 1996<br>8.55 P.N            |                       | 1, 1950, t       | that I last saw the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 23A. SIGNATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Jan Justy                                                                                                                                          | 1930                                                                          | M. B.                                                            | 3B. ADDRESS                 | from the cause        |                  | date stated above.  3c. DATE SIGNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4A. BUNIAL, CF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | REMA- 24B. DATE ecify)                                                                                                                             |                                                                               | 4c. NAME OF CEMETE                                               | RY OR CREMATORY             | 240. LOCATION         |                  | and the same of th |
| Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | July 21                                                                                                                                            |                                                                               | Sacred Hear                                                      |                             | 4701 Germa            |                  | d.Balto.Co.Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| OCAL REGISTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AR HEGISTRAR                                                                                                                                       | a son IV                                                                      | liams, 1/1                                                       | 25 FUNERAL DIA              | 0.0                   | Conklin          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 111 / 1111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                    |                                                                               |                                                                  |                             |                       |                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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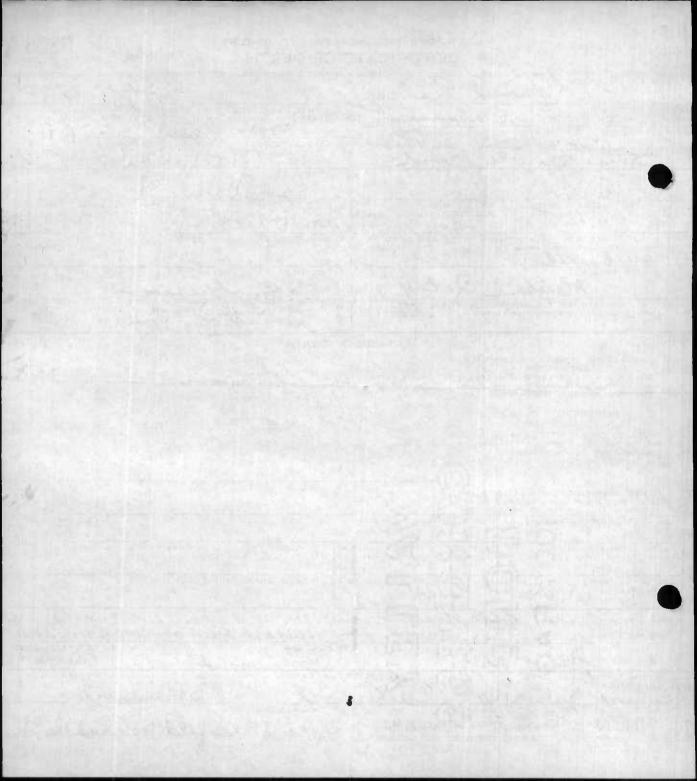
1. NAME OF DECEASED

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

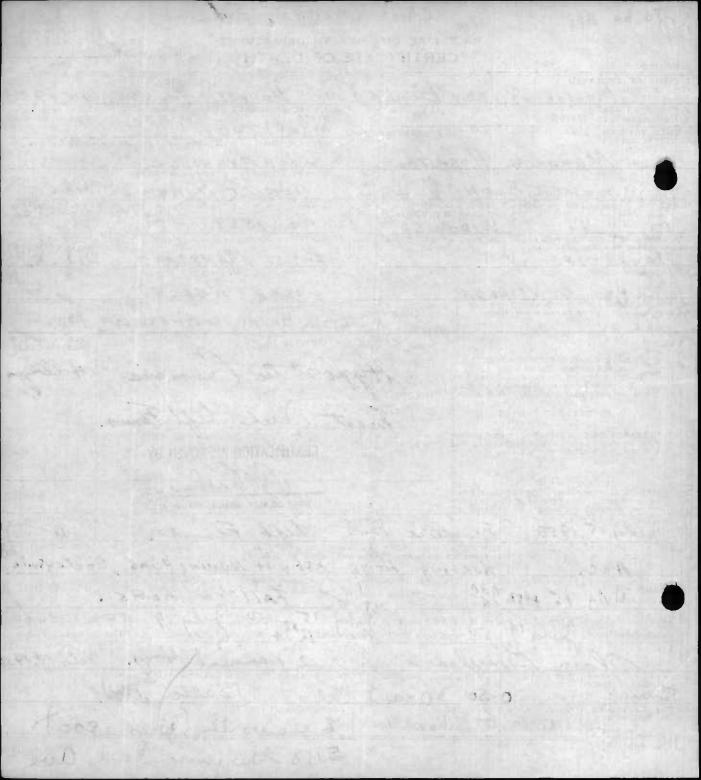
Registered No 6338

2. DATE

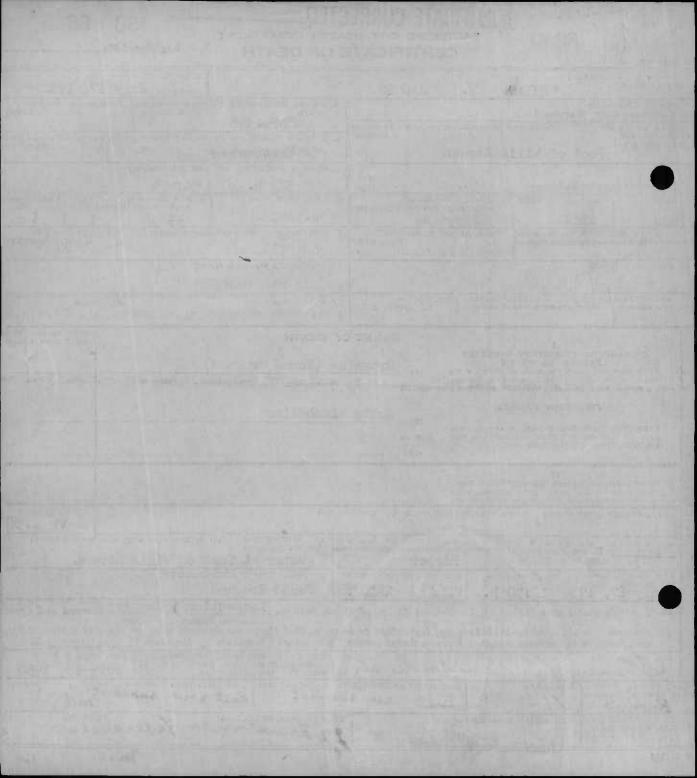
Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before a mission) B. FULL NAME OF (If not in hospital or in HOSPITAL OR STELLE Cruster) (If not in hospital or institution, give prestaddress or The Var location C. CITY OR TOWN autside corporate limi's, wite ROKAL and give township) Nome Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | Il Under 1 Year | If Under 24 Hours last Birthday) | Months; Days | Hours | Min. If Under 24 Hours M. -1 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY machines 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SECURITY NO. Yes, no or unknown) (If yes, give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT AT WORK WORK 19 that I last saw the kan. 10, 1950, to 22. I hereby ccrtify that I attended the deccased from\_ X rely 19, 1950, and that death occurred at 10i45 An., from the cluses and on the date stated above. deccased alive on\_ 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 20/50 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B, DATE Surial FUNERAL DIRECTOR AUDRESS DATE RECEIVED BY EGISTRAR'S SIGNATURE VS 150 y with the state of the



|             | To be                           | Approvad                                                           | by                 | Chief                                               | Medical                | EXAMIN.            | er                  |                                                   |
|-------------|---------------------------------|--------------------------------------------------------------------|--------------------|-----------------------------------------------------|------------------------|--------------------|---------------------|---------------------------------------------------|
| 9           | 633<br>RTH NO.                  | 9                                                                  | BALT               |                                                     | HEALTH DEPARTM         |                    | 50<br>egistered No. | 6339                                              |
| 1.          | NAME OF DE                      |                                                                    | 4.4                | 9)                                                  | /                      | 2. DAT             |                     |                                                   |
| 3.          | PLACE OF DE<br>Baltimore Ci     | MOLLIE V.<br>ATH:<br>ity, Maryland                                 | VILSON             | BERRY                                               | 4. USUAL RESIDE        | NCE (Where dece    | TH VUL F            | 19 1956<br>tution: residence<br>before admission) |
| HC          | FULL NAME COSPITAL OR STITUTION | F (If not in hospit                                                | 11                 | i, give street address<br>locatio                   |                        | (If outside co     |                     | ite RURAL and give township)                      |
| 16          | JON 1                           | MEMORIA                                                            | L HOS              | PITAL                                               |                        | SS (If rural, give |                     | 00                                                |
| c.          | Length of st                    | ay in Baltimore Z                                                  | BORN i             | N BALT, MA                                          | 0                      | _ X/               | SING                | Hons                                              |
|             | F                               | 6. COLOR OR RACE                                                   | WIDOWE             | MARRIED,<br>D, DIVORCED (Speci                      | 6 Nov. 18              | 359 Past           | 0                   | Days Hours Min.                                   |
| 10/<br>work | done during most of             | CUPATION (Give kind of working life, even if retired)              | 10B. KIND C        | OF BUSINESS OR<br>INDUSTI                           | BALT.                  | MARY L             |                     | WHAT COUNTRY?                                     |
| 13.         | FATHER'S N                      |                                                                    |                    |                                                     | 14. MOTHER'S MAI       | DEN NAME           |                     |                                                   |
| 15          | . WAS DECEASED                  | EVER IN U. S. ARME                                                 | ILSON<br>D FORCES? | 16. SOCIAL                                          | JUSAN<br>17. INFORMANT | KEES               | 6 ADDR              | Ecc                                               |
| (Yes        | , no or unknown)                | (If yes, give war or date                                          | es of service)     | SECURITY NO                                         | LYDIA BERR             | Y, LUTH            | EKVILLE             | M                                                 |
|             | 18. F 9                         | 02.0                                                               |                    | CAUSI                                               | OF DEATH               | 0                  |                     | INTERVAL BETWEEN                                  |
|             |                                 | E OR CONDITION<br>LEADING TO DEA                                   | TH                 | 11                                                  | antat.                 | En.                |                     | A Desa.                                           |
|             | heart failur                    | not mean the mode<br>e, asthenia, etc. It me<br>complication which | ans the disease,   |                                                     | posace                 | Freum              | ma                  |                                                   |
| 7           | ,                               | ANTECEDENT CAU                                                     | SES                | I.                                                  | esture heck            | Left               | Fermen.             |                                                   |
| ATIO        | RISE TO TH                      | OR CONDITIONS,<br>HE ABOVE CAUSE (A)<br>ING CONDITION L            | STATING THE        | COLUMN TO SERVER                                    |                        | ON APPROVED        | ) RV                |                                                   |
| FIC         |                                 |                                                                    |                    | (C)                                                 | D                      | WIL                |                     |                                                   |
| RT          |                                 | GNIFICANT COND                                                     |                    |                                                     |                        | Proter             | _M. D.              |                                                   |
| CE          | TO THE DI                       | TO THE DEATH, BUT                                                  | N. CAUSING IT.     |                                                     |                        | , MEDICAL EXAMIN   | ER                  | 20. AUTOPSY?                                      |
| AL          | July                            | 15,1950                                                            | Fran               | ture, her                                           | h , Left               | Femul              | · .                 | YES NO                                            |
| EDIC        | HOMICIDE                        | NT. SUICIDE,<br>(Specify)                                          |                    | E OF INJURY (e. g<br>m, fectory, street, office bld | g.,etc.) INJURY OCCUP  | 27                 | imore City, give    |                                                   |
| ME          | 21D. TIME (I                    | Month) (Day) (Year                                                 | NURS<br>(Hour) 21  | E. INJURY OCCUP                                     | RED 21F HOW DID        | NURSING            | 7                   | o cheysuille                                      |
|             | INJURY                          | vly 15 \$45                                                        | A.30               | ILE AT NOT WHI                                      | LE POLITAN             | Loor while         | 40mb                | out of bed                                        |
|             |                                 | certify that I at                                                  | tended the d       | eceased from                                        | dy 15 1952             |                    |                     | at I last saw the                                 |
|             | deceased ali                    | ve on July                                                         | $\frac{1}{2}$      | ia that aeath pe                                    | curred at 12 m.,       | grompine comse     | 2:                  | E. DATE SIGNED                                    |
| 2/          | IA. BURIAL, C                   | REMA- 24B. DATE                                                    | -)mella            | M. D.                                               | TERY OR CREMATORY      | 24D, LOCATION      | (City, town, of     | ounty (State)                                     |
| TIC         | Burna S                         | peify) In las of                                                   | 0-50               | trumm                                               | ( pinnet               | Balto              | Tring               |                                                   |
|             | ATE RECEIVED                    | RAR U                                                              | 'S SIGNATUR        | 110 . 11                                            | 25. FUNERAL DIRE       | CTOR O             | . AD                | DRESS                                             |
|             | 111 2019                        | 50 Thurst                                                          | valor //n          |                                                     | 1 6 llow               | with U             | Urma                | 1001                                              |
| 9           | J UVE 150 "                     | 200                                                                | with day           | Charles of Marketine                                | 5118 28                | No.                | 10 - D              | A 1860                                            |



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HIRAN **JACOBS** DEATH July 17, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Marvland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Foot of Wills Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 522 E. 20th Street ath of stay in Baltimore SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last hirthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Sept. 16. 1897 White Male 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Byron, Illinois House Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christian . Jacobs Bessie Mederhoff 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mrs. Bessie Wheatley, Rhodesual, d.R.F. INTERVAL BETWEEN CAUSE OF DEATH 124.8 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Drowning (Found drowned) (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MINEXTO ANTECEDENT CAUSES Acute alcoholism CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING TO CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Water at foot of Wills Street Harbor 2 IF. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED uly 17, Found drowned 1950 12:30 P.m. WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 238. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR ... East new market East new market 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 248. DATE Barria 19 Franction Der Tederalshir DATE RECEIVED BY LOCAL REGISTRAR V S 151



G-65 5 50 6341 Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) GREENWALD July 19, CHARLES DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Marvland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University Hospital Randalstown Yrs. D. STREET ADDRESS (If rural, give location) Mos. Chapman Road eth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. white male 8 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. CERTIFICATION

|                   | DISEASE OR CONDITION DIRECTLY                                                                                                                | CAUSE OF DEATH                                                | ONSET AND DEA |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------|
| (This do heart fa | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | Multiple abrasions and contusions with fracture of left tibia |               |
|                   | ANTECEDENT CAUSES                                                                                                                            |                                                               |               |
|                   | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.                                    | DUE TO                                                        |               |
| ı                 |                                                                                                                                              | (C)                                                           |               |
|                   | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                           |                                                               |               |
| ı                 | IOA DATE OF OPERATION   LOB MAJOR EL                                                                                                         | NOINGS OF OPERATION                                           | L 20 AUTODEWA |

21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bidg., etc.)

UTING | CAUSE OF DEATH. st reet 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED 19. 1950 8.00 p.m

Liberty Road near Warts Chapel Road

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED

ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

24c. NAME OF CEMETERY BURIAL, CREMA-REMOVAL (Specify) 248.

DATE RECEIVED BY 25. FUNERAL LOCAL REGISTRAR

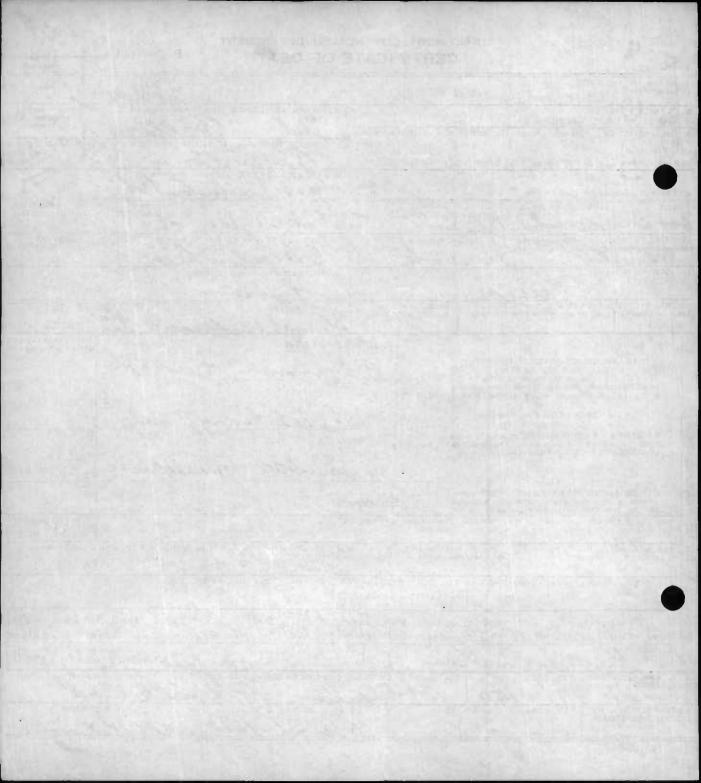
MEDICAL

215 1215

### BALTIMORE CITY HEALTH DEPARTMENT

6342

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) VERNE HARDHMAN OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION olse of Hospital Baltimace ma D. STREET ADDRESS (If rural, give location) Yrs. Mos. usundan Ka c. Length of stay in Baltimore Days 9. AGE (In years at Under 1 Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) reland 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11, BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nnknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Suriculor 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT WORK 1950 to July 18, 1950, that I last saw the 22. I hereby certify that I attended the deceased from July 1. deceased alive on wy 18, 1950, and that death occurred at 1.45 Pm., from the causes and on the date stated above. 23A. SIGNAZURE 23B. ADDRESS Writer 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR LOCAL REGISTRAR VS (150)



## GROOM

50 6343

| ,          | 0040                                               |                                                                                                                                                          |                                                                     | TIMORE CITY HE                                                   |                                         | TO 1                                     | V 00-91                                                |
|------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|------------------------------------------|--------------------------------------------------------|
| 81         | RTH NO.                                            | 1802-185                                                                                                                                                 |                                                                     | CERTIFICATI                                                      | E OF DEATH                              | Registered .                             | No.                                                    |
| 1.<br>(T   | NAME OF Di                                         | ECEASED                                                                                                                                                  | e Sku                                                               | asm                                                              |                                         | 2. DATE<br>OF<br>DEATH JULY              | 19, 1950                                               |
|            | PLACE OF DE                                        | EATH:<br>lity, Maryland                                                                                                                                  |                                                                     |                                                                  | 4. USUAL RESIDE                         | NCE (Where deceased lived, I) B. COUNTY  |                                                        |
| В.         | FULL NAME O                                        |                                                                                                                                                          | al or institut                                                      | ion, give street address or<br>location)                         | Maryland                                | 116                                      | A. DADAT                                               |
| IN         | STITUTION                                          | Lutheran Ho                                                                                                                                              | spitel                                                              |                                                                  | c. CITY OR TOWN Baltimore               | (11 outside corporate into               | ts, write RDRAL and give<br>township                   |
| 4          |                                                    | Europioz dia 110                                                                                                                                         | DIOZ GOZZ                                                           | Yrs.                                                             |                                         | SS (If rural, give location)             |                                                        |
| c.         | Length of st                                       | ay in Baltimore                                                                                                                                          |                                                                     | Mos.<br>Days                                                     | 3328 Fleet                              | Street                                   |                                                        |
| 5.         | female                                             | 6.COLOR OR RACE                                                                                                                                          |                                                                     | E, MARRIED,<br>ED, DIVORCED (Specify)                            | 8. DATE OF BIRTH<br>April 2, 188        | last birthday) M                         | onths Days Hours Min.                                  |
| 10<br>vork | A. USUAL OC                                        | CUPATION (Give kind of f working life, even if retired)                                                                                                  | 10B. KIND                                                           | OF BUSINESS OR                                                   |                                         | ate or foreign country)                  | 12. CITIZEN OF<br>WHAT COUNTRY                         |
|            | housewif                                           | Î O                                                                                                                                                      | own h                                                               |                                                                  | Baltimore,                              |                                          | U.S.A.                                                 |
| 13         | . FATHER'S N                                       | AME                                                                                                                                                      |                                                                     |                                                                  | 14. MOTHER'S MAI                        | DEN NAME                                 |                                                        |
| 1.5        |                                                    | Spann                                                                                                                                                    |                                                                     |                                                                  | Minnie Do                               | sch                                      |                                                        |
| (Yes       | , no or unknown)                                   | D EVER IN U.S. ARMED<br>(If yes, give war or dates                                                                                                       | of service)                                                         | 16. SOCIAL<br>SECURITY NO.                                       | Mr. Conrad                              | Groom, 3328 Flee                         | t Street                                               |
| FICATION   | heart failus<br>injury or<br>DISEASES<br>RISE TO T | LEADING TO DEAT not mean the mode or, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, IN HE ABOVE CAUSE (A) VING CONDITION LA | f dying, c. s ns the diseas aused death EES F ANY, GIVIN STATING TE | e, OUE TO                                                        | penteniin                               | Cardiavascul<br>Sin                      | 7                                                      |
| F          | OTHER S                                            | II<br>IGNIFICANT CONDI                                                                                                                                   | TIONS CON                                                           | ٧-                                                               |                                         |                                          |                                                        |
| CE         | TO THE O                                           | TO THE DEATH, BUT<br>ISEASE OR CONDITION                                                                                                                 | CAUSING I                                                           | т                                                                | 222324300000000000000000000000000000000 |                                          |                                                        |
| AL         | 19A, DATE O                                        | F OPERATION 0                                                                                                                                            | 98. MAJOR                                                           | FINDINGS OF OPER                                                 | ATION                                   |                                          | YES NO                                                 |
| 1EDICA     | 21A. ACCIDE<br>HOMICIDE                            | NT, SUICIDE,<br>(Specify)                                                                                                                                |                                                                     | CE OF INJURY (e. g., in<br>arm, factory, street, office bldg., e |                                         |                                          | give exact location)                                   |
| Σ          | 210. TIME (                                        | Month) (Day) (Year)                                                                                                                                      |                                                                     | 21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK              | ED 21F. HOW DID                         | INJURY OCCUR?                            |                                                        |
| ,          | 22. I hereby                                       | y certify that I att                                                                                                                                     |                                                                     | deceased from                                                    | 7-15,1960<br>red at 835 m               | to 7/19, 195<br>from the causes and on t | <b>U</b> , that I last saw th<br>the date stated above |
|            | 23A. SIGNAT                                        |                                                                                                                                                          | Gabe                                                                |                                                                  | 3B. ADDRESS                             | en Hasp.                                 | 23c. DATE SIGNED                                       |
| 24<br>TIC  | burial burial                                      | REMA- 24B. DATE Pecity) 7/22/50                                                                                                                          |                                                                     | Oak Lawn Cer                                                     | RY OR CREMATORY                         | Baltimore,                               | Maryland                                               |
|            | ATE RECEIVED                                       | The same of                                                                                                                                              |                                                                     | 11                                                               | 25. FUNERAL DIRE                        |                                          | ADDRESS                                                |

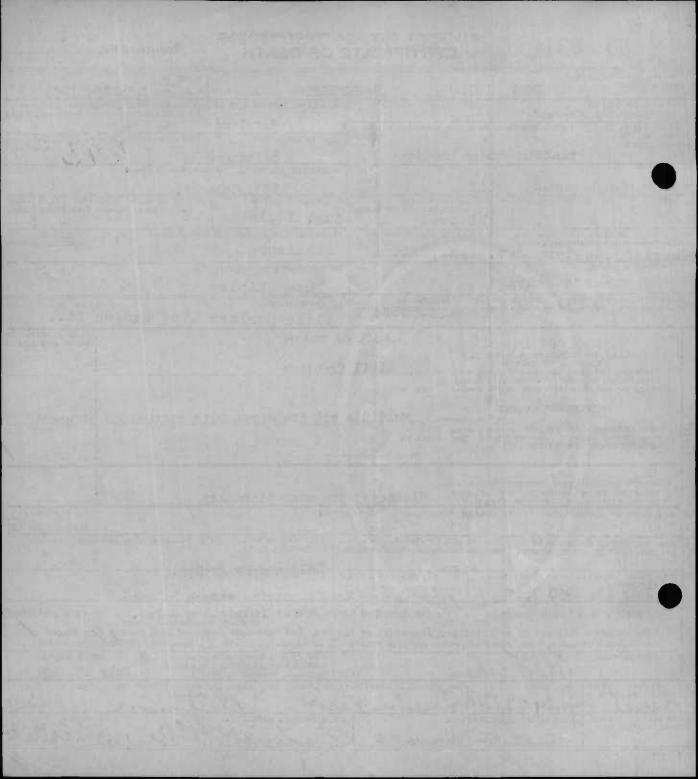
VS 150

REGISTRAR'S SIGNATURE

orm. Gook, Inc. 1217 St. Paul Street

# 010 Vision

50 6344 BALTIMORE CITY HEALTH DEPARTMENT 6344 Registered No CERTIFICATE OF DEATH I. NAME OF DECEASED (Type or Print) 2. DATE EMMA L.. GAMBLE DEATH July 19, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF ('f not in hospital or institution, give street address or Maryland HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Franklin Square Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. agth of stay in Baltimore Days 1533 Cole St. 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year glast birthday) Months Days Hours Min. Aug. 14,1893 Widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY rork done during most of working life, even if retired) WHAT COUNTRY? Bank . REtired Charlady, Western Nat. Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Scheib Emma Shipley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SEGURITY NO Elsie Gerlack 1725 Lemmon St. INTERVAL BETWEEN CAUSE OF DEATH 812,4 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES "Multiple rib fractures with contusions of chest CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Glaucoma with near blindness TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 19A. DATE OF OPERATION YES EDICAL 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB. INJURY OCCUR? UTING [] CAUSE OF DEATH. SP-16W BID PRIMEY OCEDA? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED July 19, 1950 7:45 Pedestrian struck by auto AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inq.
Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED MEDICAL INVESTIGATOR .. 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL. TION, BEMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL LOCAL REGISTRAR 151\_



| 41    | 5           |
|-------|-------------|
| BIRTH | 6345<br>No. |

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| 6. COLOR OR RACE 7. SINGLE, MARRIED.  MODOWED, DIVIORCED (Specify)  10. USUAL OCCUPATION (Givehinded) 10. KIND OF BUSINESS OR INDUSTRY TO THE DIVIOR (ED. MIN)  Sept 23,1871 9. Ace (In years) 8 liber 1 lieu 1 1 lie | BI        | RTH NO.           | )          |                        |                        | CERTIFICATI                                                   | E OF DEATH       | Registered                | NO                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|------------|------------------------|------------------------|---------------------------------------------------------------|------------------|---------------------------|---------------------------------|
| 3. PLACE OF DEATH:  A. Baltimore City, Maryland B. FULL NAME OF (If not in beneficial or institution, give street address or feedfor) B. FULL NAME OF (If not in beneficial or institution, give street address or feedfor) B. FULL NAME OF (If not in beneficial or institution, give street address or feedfor) B. FULL NAME OF (If not in beneficial or institution, give street address or feedfor) B. FULL NAME OF (If not in beneficial or institution, give street address or feedfor) B. FULL NAME OF (If not in beneficial or institution, give street address or feedfor) B. FULL NAME OF (If not in beneficial or institution, give street address or feedfor) B. FULL NAME OF (If not in beneficial or institution) B. SEX  G. COLOR or RAGE 7. SINGLE MARRIED S. SEX  G. COLOR or RAGE 7. SINGLE MARRIED B. SEX  G. COLOR or RAGE 7. SINGLE MARRIED B. SEX  G. COLOR or RAGE 7. SINGLE MARRIED B. SEX 8. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 8. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR or RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR OR RAGE 7. SINGLE MARRIED B. SEX 9. GO. COLOR OR RAGE 7. SINGLE MARRIED B. SEX 9. SINGLE MARRIED B. SEX 9. SINGLE MARRIED B. SEX 9. SINGLE |           |                   | ECEAS      |                        | nh                     | A.HLAVIN                                                      | / Sr.,           | OF 19                     | Volg 50                         |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)  RASPITAL OF BLUTTON SINAL MARCHANDERS (If fursh, give location)  BLUTTON BLUTTON SINAL STREET ADDRESS (If fursh, give location)  BLUTTON BLUTTON SINAL STREET ADDRESS (If fursh, give location)  PARTICLE MARCHANDERS (If fursh, give location)  BLUTTON BLUTTON SINAL STREET ADDRESS (If fursh, give location)  PARTICLE MARCHANDERS (I | A.        | Baltimore (       | City, M    | [aryland               | Sinai                  | -                                                             | 4. USUAL RESIDE  | alto, Md B. COUNTY        |                                 |
| C. Length of stay in Baltimore  11fe  Mos. Days  2721 E. Madison St.,  S. SEX  6. COLOR on RACE 7. SINGLE MARRIED. WIDOWED DIVORCED Epects  MIDOWED DIVORCED Epects  MIDOWED DIVORCED Epects  Sept 23,1871 78 in birthday) Months Days Hours Min.  10a. USUAL OCCUPATION (Gravitated of the Months Days Months Day | H         | OSPITAL OR        | OF         | (If not in hospita     | or institu             |                                                               | C. CITY OR TOWN  | (If outside corporate lin |                                 |
| S. SEX   G. COLOR OR RACE   7. SINGLE MARRIED.   DATE OF BIRTH   Set 12.3, 1871   Set 12.3, | L         |                   | 31/0       | 7/1                    | 110931                 |                                                               |                  |                           | 100                             |
| WIDOWED DIVORCED Speeding Septing 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                   |            |                        |                        | Days                                                          |                  |                           | M Dada Chang   M Hada 94 Name   |
| The significant conditions of the decease of form and the mode of deth.  DISEASE OR CONDITION S. F. ANY. GIVING UNDERLY INJURY OF CONDITION CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS ON TREATING TO THE DISEASE OR CONDITION LAST.  DISEASE OR CONDITION S. F. ANY. GIVING UNDERLY INJURY OF COMPRISED ON THE SIGNIFICANT CONDITIONS OF OPERATION  TO THER SIGNIFICANT CONDITIONS ON TREATING THE UNDERLY OF OPERATION SECURITY OF THE DISEASE OR CONDITION CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS ON TREATING THE UNDERLY OF OPERATION SECURITY OF THE DISEASE OR CONDITION CAUSE OF THE ABOVE CAUSE (A) STATING THE UNDERLY OF THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION  DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION  21. ACCIDITY SUICIDE.  21. ACCIDITY SUICIDE.  22. I hereby certify that I attended the deceased from 29 1. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPER |           | M                 |            | W                      | WIDOV                  | VED, DIVORCED (Specify)                                       | Sept 23,187      | 1 78 last birthday)       |                                 |
| Unknown  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  Yes, so or subsover)  16. C/O X  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, astheris, etc. It means the disease, injury or complication which caused death.)  DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LAST.  19. DATE OF OPERATION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION TO SHAPP CONTRIBUTED TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE RECEIVED BY REGISTRARS SIGNATURE TO THE DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION CAUSING IT.  23. SIGNATURE  10. THE (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AND THE WORK TO THE DISEASE OR THE | ork       | done during most  | of working | life, even if retired) |                        | INDUSTRY                                                      |                  |                           | 12. CITIZEN OF<br>WHAT COUNTRY? |
| The property of the power of th | 13        | . FATHER'S I      |            | erh Hlavi              | in                     |                                                               | F 7 7            |                           |                                 |
| DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)  DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  UNDERLYING CONDITIONS CONTINUED TO THE DISEASE OR CONDITION CAUSING IT.  11  OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE DISEASE OR CONDITION CAUSING IT.  120. AUTOPSY?  VES. NO  21a. ACCIDENT, SUICIDE.  21b. PLACE OF INJURY (e.g., in or 19th MAJOR FINDINGS OF OPERATION VES. NO 110 NOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15<br>Yes | i, no or nakaowa) | ED EVER    | s, give war or dates   | FORCES?<br>of service) |                                                               |                  |                           |                                 |
| Content in the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF OPERATION TO THE DISEASE OR CONDITION CAUSING IT.  OTHER  |           | 18. 616           | X          |                        |                        | CAUSE                                                         | OF DEATH         | Transport of the second   |                                 |
| Canada                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                   | LEAD       | ING TO DEAT            | TH                     |                                                               | 1) RFMI          |                           |                                 |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESATE OR CONDITION CONDITION CONTRIBUTING TO THE DESATE OR CONDITION CONDITION CONTRIBUTING TO THE DESATE OR CONDITION CONSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  VES W NO   21a. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (c. g. in or 21b. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street-collected ge, etc.)  21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 11NJURY OCCUR?  INJURY COLURED 21F. HOW DID INJURY OCCUR?  WHILE AT 18H WHILE WORK 19W WHILE W |           | heart failt       | are, asth  | enia, etc. It mea      | ns the disea           | se,                                                           |                  | *                         |                                 |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19 A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  Product Hy  Pr |           |                   | ANTE       | CEDENT CAUS            | SES                    |                                                               | Punne            | almair blak               | ral                             |
| UNDERLYING CONDITION LAST.    Companies    | 2         |                   |            |                        |                        |                                                               | 1 70/161         | 10747203 - 107 11-        |                                 |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT | Y)        |                   |            |                        |                        | 114                                                           | 1- 100 1         | 0 1.1.0                   |                                 |
| TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION VES NO  21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 1NJURY OCCUR?  WHILE AT WORK  22. I hereby certify that I attended the deceased from 29 MM HILE AT WORK  22. I hereby certify that I attended the deceased from 29 MM HILE AT WORK  23A. SIGNATURE  24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or counts)  PART SIGNATURE  25. FUNERAL DIRECTOR  Belair Rd.,  DATE RECEIVED BY REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR  Schimunek Funeral Home Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                   |            | 11                     |                        | (c) Vose                                                      | & NEW            | OBSTACHUL                 |                                 |
| 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. How DID INJURY OCCUR?  23F. How | CER       | TRIBUTIN          | G TO TH    | E DEATH, BUT           | NOT RELAT              | ED                                                            |                  |                           |                                 |
| 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21G. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AL        | 19A. DATE         |            | -                      | 9B. MAJOF              | 1 12 11.                                                      | . ^              |                           |                                 |
| while at work while at work work work work work work work work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EDIC      |                   | ENT. SL    | JICIDE.                | 21B. PL<br>about home, | ACE OF INJURY (e. g., in farm, factory, street, office bldg., | or 21c, WHERE D  | (If in Baltimore City     |                                 |
| m. WHILE AT WORK WORK WORK WORK WORK WORK WORK WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Σ         | D. TIME           | (Month)    | (Day) (Year)           | (Hour)                 |                                                               |                  | INJURY OCCUR?             |                                 |
| deceased alive on 19 Ucly, 1950, and that death occurred at \$1.50 a.m., from the causes and on the date stated above.  23a. SIGNATURE  23b. ADDRESS  M.D.  24a. BURIAL, CREMA- 110N, REMOVAL (Specify) BURIAL  24b. DATE 110N, REMOVAL (Specify) BURIAL  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  Belair Rd.,  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR  Schimunek Funeral Home Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |            | 10                     | m.                     |                                                               |                  | 141                       |                                 |
| 23a. SIGNATURE  23b. ADDRESS  M.D.  23c. DATE SIGNED  19 W 56  24a. BURIAL, CREMA- 24b. DATE  24c. NAME of CEMETERY or CREMATORY  24d. LOCATION (City, town, or county)  25d. DATE SIGNED  19 W 56  19 W 56  10 N. D.  25d. DATE SIGNED  25d. DATE SIG |           | 22. I hereb       | y certi    | ify that I att         | ended the              | deceased from 29                                              | red at 12:50 a m | from the causes and on    | the date stated above           |
| 24a. BURIAL, CREMA- 24B. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   (State)   TION, REMOVAL (Specify)   7/22/50   Holy Redeemer   Belair Rd.,  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR   ADDRESS   LOCAL REGISTRAR   SIGNATURE   Schimunek Funeral Home Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                   |            |                        | N/)                    | 1.6                                                           | 3B. ADDRESS      | Homeital                  | 23c. DATE SIGNED                |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE Schimunek Funeral Home Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                   |            |                        |                        | 137.57                                                        |                  |                           | 7-1                             |
| JUL 20 1950 tuntington Williams, Mar. Schimunek Funeral Home Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | Burial            |            |                        |                        |                                                               |                  |                           | ADDRESS                         |
| Charles C. Schimunel 137a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                   |            | REGISTRAR'             | SIGNAT                 | CALLA, MUE                                                    |                  |                           | ADDRESS                         |
| Charles C. Schimunes 137a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | VS 150            | 1300       | 4                      |                        | The Application                                               | 260% E.          | Magison                   | 0                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                   |            | Lymin.                 |                        |                                                               | harles           | C. Schimu                 | nek 137a                        |

| 20    | 00   |
|-------|------|
| BIRTH | 6345 |

### BALTIMORE CITY HEALTH DEPARTMENT

| BIRTH NO. 4                                                                                                                                   | O                                                                                                                                                                                      |                                             | CERTIFICATI                                                    | E OF DEATH                              | negistereu                       | 110.                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------|-----------------------------------------|----------------------------------|--------------------------------|
| . NAME OF D<br>Type or Print)                                                                                                                 | . NAME OF DECEASED Many J Roggio                                                                                                                                                       |                                             |                                                                |                                         | 2. DATE Jul                      | y 18,1950                      |
| B. PLACE OF DEATH:  A. Baltimore City, Maryland 4700 Harford Rd.,  B. FULL NAME OF (If not in hospital or institution, give street address of |                                                                                                                                                                                        |                                             |                                                                | 4. USUAL RESIDENCE<br>A. STATE<br>Md.   | (Where deceased lived, B. COUNTY | before admission)              |
| NSTITUTION                                                                                                                                    | Harford Con                                                                                                                                                                            | vales                                       | t Home location)                                               | c. CITY OR TOWN Baltimo                 | 1 1                              | township)                      |
| . Length of s                                                                                                                                 | tay in Baltimore                                                                                                                                                                       | 33yr                                        | Yrs.<br>Mos.<br>Days                                           | 613 N. Belnor                           |                                  |                                |
| female                                                                                                                                        | 6. COLOR OR RACE                                                                                                                                                                       |                                             | , MARRIED.<br>ED, DIVORCED (Specify)                           | 8. DATE OF BIRTH<br>March 14,18         | 9. AGE (In years last birthday)  | Nonths Days Hours Min.         |
|                                                                                                                                               | CUPATION (Give kind of of working life, even if retired)                                                                                                                               | 10B, KIND<br>non                            | OF BUSINESS OR INDUSTRY                                        | 11. BIRTHPLACE (State of Italy          | r foreign country)               | 12. CITIZEN OF<br>WHAT COUNTRY |
| 3. FATHER'S N                                                                                                                                 | PAME<br>Ph Buscemi                                                                                                                                                                     |                                             |                                                                | 14. MOTHER'S MAIDEN<br>Grace Pigna      | NAME                             |                                |
| (ee, po or unknown)                                                                                                                           | ED EVER IN U.S. ARMEI<br>(If yes, give war or date                                                                                                                                     | of service)                                 | 16. SOCIAL<br>SECURITY NO.<br>NONE                             | Joseph Roggio,                          |                                  | yette Ave #13                  |
| DISEASE RISE TO T UNDERL'                                                                                                                     | ure, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LAST OR THE ABOVE CAUSE (A) TO THE DEATH, BUT TO THE DEATH, BUT | eaused death SES FANY, GIVIN STATING TH ST. | (B)                                                            | io Sclerofic C                          | na 1 Îlistas                     |                                |
|                                                                                                                                               | OF OPERATION 0 1                                                                                                                                                                       |                                             | FINDINGS OF OPER                                               | PATION                                  |                                  | 20. AUTOPSY?                   |
| 21A. ACCIDE<br>HOMICIDE                                                                                                                       | ENT. SUICIDE.<br>(Specify)                                                                                                                                                             |                                             | ACE OF INJURY (e. g., i<br>arm, factory, street, office bldg., |                                         | (If in Baltimore City,           | , give exact location)         |
| INJURY                                                                                                                                        | (Month) (Day) (Year)                                                                                                                                                                   | m.                                          | 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK             |                                         |                                  |                                |
| deceased a                                                                                                                                    | live on 7-17                                                                                                                                                                           | ended the                                   | and that death occur                                           | red at 6:30 a.m., from                  | 7-18, 19s                        | the date stated above          |
| 23A, SIGNA                                                                                                                                    | P.D. SE                                                                                                                                                                                | ine                                         | 16.1) M.D.                                                     |                                         | name St.                         | 7/19650                        |
| 100, REMOVAL (S<br>Burial                                                                                                                     | 7/21,                                                                                                                                                                                  | /50                                         | Holy Redeeme                                                   | er Be                                   | lair Road, Ba                    | lto, Md.                       |
| DATE RECEIVE<br>LOCAL REGIST                                                                                                                  |                                                                                                                                                                                        | s SIGNATU                                   |                                                                | 25. FUNERAL DIRECTO<br>chimunek Funeral |                                  | E. Madison St.                 |
| VS 150                                                                                                                                        |                                                                                                                                                                                        | 10                                          | 7 - 4.11.16 14                                                 | hailes                                  | E. Schin                         | 31ab                           |

HORNTON

NAME OF DECEASED

A. Baltimore City, Maryland

c. Length of stay in Baltimore

ork done during, most of working life, even if retired)

omertin,

6. COLOR OR RACE

(If yes, give war or dates of service)

LEADING TO DEATH

ANTECEDENT CAUSES

11

24B, DATE

UNDERLYING CONDITION LAST.

(Specify)

2.10. TIME (Month) (Day) (Year) (Hour)

19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE.

deceased alive on 23A. SIGNATURE

BURIAL, CREMA-

HOMICIDE

S. PLACE OF DEATH

13. FATHER'S NAME

420.0

Yes, no or unknown)

MA 18.

(Type or Print)

HOSPITAL OR

5. SEX

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

2. DATE

OF

Eliza J. Thornton DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate in its, write WIRAL and give location township) D. STREET ADDRESS, (If rural, give location) Yrs. exempton Davs 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Midow IOA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION No (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK 22. I hereby certify that Latended the deceased from .. 19\_ \_\_, that I last saw the and that death occurred at 8.3 m, Am the causes and on the date stated above. 23B. ADDRESS 23c DATE SIGNED OATION With town, or county) REGISTRAR'S SIGNATURE

VS 150

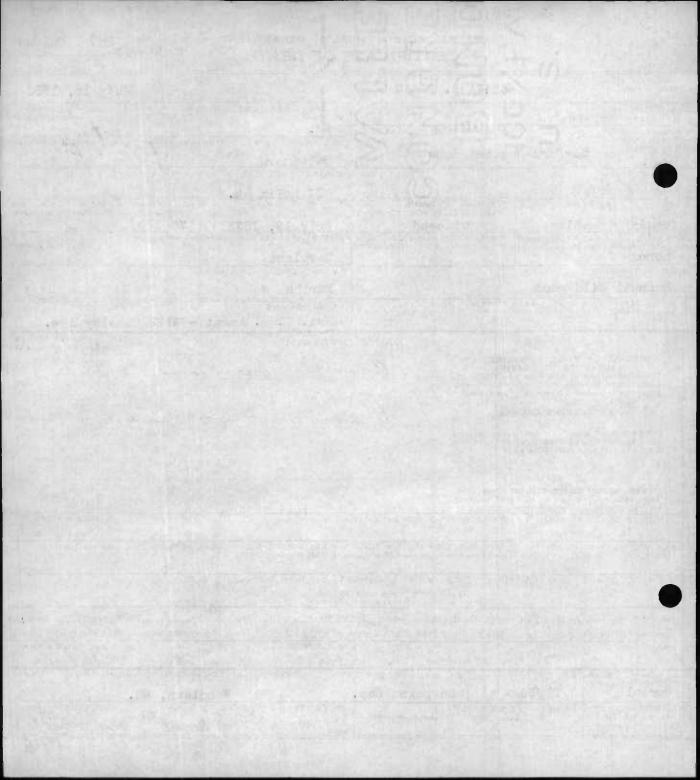
DATE RECEIVED BY LOCAL REGISTRAR

PORT STATE OF THE PROPERTY OF THE PARTY OF T THE RESERVE OF THE PARTY OF THE

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6348

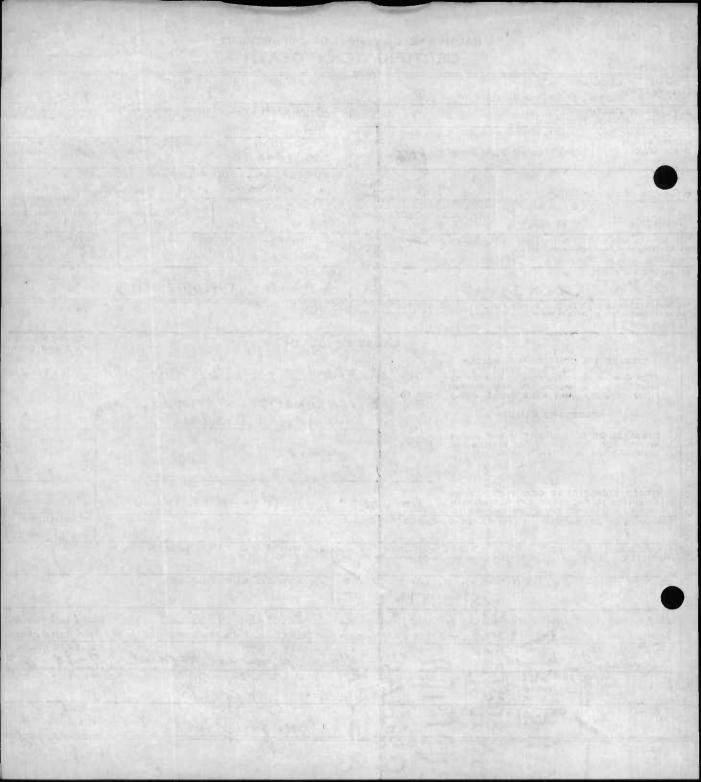
| NAME OF DECEASED Type or Print)                                     | CLARA B. TYSON                                   |                           | 2. DATE<br>OF<br>DEATH             | July 18, 1950                                  |
|---------------------------------------------------------------------|--------------------------------------------------|---------------------------|------------------------------------|------------------------------------------------|
| B. PLACE OF DEATH:  A. Baltimore City, Maryland                     |                                                  | 4. USUAL RESIDENCE        | Where deceased lived,<br>B. COUNTY | If institution: residence<br>before admission) |
|                                                                     | al or institution, give street address or        |                           |                                    |                                                |
| HOSPITAL OR WILLIAM STITUTION WILLIAM STATEMENT                     | location)                                        | C. CITY OR TOWN           | f outside corporate lin            | nits, western URAL and give                    |
| nariord Nu                                                          | arsing Home                                      | Baltimore                 | 10                                 | -0 b township)                                 |
|                                                                     | Yrs.                                             | D. STREET ADDRESS ()      | f rural, give location)            |                                                |
| Langth of stay in Poltimore                                         | Mos.                                             | 000 24 22 2               |                                    |                                                |
| Length of stay in Baltimore                                         | 7. SINGLE, MARRIED,                              | 837 McKim St.             | 9. AGE (in years)                  | It Under 1 Year   If Under 24 Hours            |
| o. Colon on the                                                     | WIDOWED, DIVORCED (Specify)                      | O. DATE OF BIRTH          | last birthday)                     | Months Days Hours Min.                         |
| female white                                                        | widowed                                          | July 19, 1873             | 76                                 |                                                |
| OA. USUAL OCCUPATION (Give kind of                                  |                                                  | 11. BIRTHPLACE (State or  | foreign country)                   | 12. CITIZEN OF                                 |
| none none of working life, even if retired)                         | INDUSTRY                                         | Maryland                  |                                    | WHAT COUNTRY                                   |
| 3. FATHER'S NAME                                                    |                                                  | 14. MOTHER'S MAIDEN N     | JAMF                               |                                                |
|                                                                     |                                                  |                           |                                    |                                                |
| Emanuel Wilderson                                                   |                                                  | Martha?                   |                                    |                                                |
| (es, no or unknown) (If yes, give war or dates                      | FORCES? 16. SOCIAL SECURITY NO.                  | 17. INFORMANT             |                                    | ADDRESS                                        |
| ( 20-1 8-10-11                                                      | SECORITI NO.                                     | Mrs. C. A. Ame            | nt - 3129 Ch                       | eslev Ave.                                     |
| 1 1/                                                                |                                                  |                           |                                    | INTERVAL BETWEEN                               |
| 18. 421.4                                                           | CAUSE                                            | OF DEATH                  |                                    | ONSET AND DEATH                                |
| DISEASE OR CONDITION                                                |                                                  |                           |                                    |                                                |
| (This does not mean the mode o                                      | of dying, e.g., (A)                              | meno June                 | noned                              | 2 days                                         |
| heart failure, asthenia, etc. It meaningury or complication which c | ns the disease,<br>aused death.) DUE TO          |                           |                                    |                                                |
| mjury of compression when c                                         | auseu deami,                                     | 1/                        |                                    |                                                |
| ANTECEDENT CAUS                                                     | SES                                              | evel - / HEC              | my desis                           | 28 6 mas.                                      |
| DISEASES OR CONDITIONS, IF                                          | (B)                                              |                           |                                    |                                                |
| RISE TO THE ABOVE CAUSE (A)                                         | STATING THE DUE TO                               |                           |                                    |                                                |
| UNDERLYING CONDITION LA                                             | AST.                                             |                           |                                    |                                                |
|                                                                     | (C)                                              |                           |                                    |                                                |
| 11                                                                  |                                                  |                           |                                    |                                                |
| OTHER SIGNIFICANT CONDITERING TO THE DEATH, BUT                     | TIONS CON-                                       |                           |                                    |                                                |
| TO THE DISEASE OR CONDITION                                         |                                                  |                           |                                    |                                                |
| 194. DATE OF OPERATION 1                                            | 98. MAJOR FINDINGS OF OPER                       | RATION                    |                                    | 20. AUTOPSY?                                   |
|                                                                     |                                                  |                           |                                    | YES NO                                         |
| 21A. ACCIDENT, SUICIDE,                                             | 218. PLACE OF INJURY (e. g.,                     |                           | (If in Baltimore City              | , give exact location)                         |
| HOMICIDE (Specify)                                                  | about home, farm, factory, street, office bldg., | INSURT OCCURT             |                                    |                                                |
| 21D. TIME (Month) (Day) (Year)                                      | (Hour)   21E. INJURY OCCURR                      | ED 21F. HOW DID INJUR     | Y OCCUR?                           |                                                |
| INJURY                                                              | WHILE AT NOT WHILE                               |                           |                                    |                                                |
|                                                                     | m. WORK AT WORK                                  |                           | A.                                 |                                                |
| 22. I hereby certify that I att                                     | ended the deceased from                          | une 6 , 1950, to          | X rul 18 , 19                      | To, that I last saw th                         |
| deceased alive on Kul 18                                            |                                                  | rred at 4 9 m. from       | /                                  | the date stated above                          |
| 23A. SIGNATURE                                                      |                                                  | 23B. ADDRESS              |                                    | 23c. DATE SIGNED                               |
| tacoli -                                                            | Frolus M. D.                                     | 1823 h has                | ef Dy.                             | 7/19/50                                        |
| 24A. BURIAL, CREMA- 24B. DATE                                       | 24C. NAME OF CEMETE                              | ERY OR CREMATORY   24D. I | LOCATION (City, tov                | vn, or county) (State)                         |
| TION REMOVAL (Specify)                                              |                                                  |                           |                                    |                                                |
| Burial 7/21/50                                                      | Lorraine Cem                                     |                           | oodlawn, Md.                       |                                                |
| DATE RECEIVED BY REGISTRAR                                          | S SIGNATURE / Warms / //                         | 25 FUNERAL DIRECTOR       | .1 .0/                             | ADDRESS                                        |
| 1111 20 1951                                                        | A.                                               | 1/1m. 4. VM               | Jeney TX                           | ars. valle                                     |
| JUL / U 1JJU                                                        | 4                                                | 1                         |                                    | a, ma                                          |



| 2 | 00 |
|---|----|
|   | 00 |

| ,          |                       |                                                                                     | BAL                                  | TIMORE CI              | IY ME                 | ALIH DEPARIMENT                         |                                                   | UNI                        | Cres              | 4.7                         |
|------------|-----------------------|-------------------------------------------------------------------------------------|--------------------------------------|------------------------|-----------------------|-----------------------------------------|---------------------------------------------------|----------------------------|-------------------|-----------------------------|
| BIRTH      | 6341                  |                                                                                     |                                      | CERTIFI                | CATI                  | E OF DEATH                              | Registe                                           | ered No                    |                   |                             |
| 1. NAI     | ME OF DE<br>or Print) | VILLIAM POU                                                                         | Itney Co                             | CKEY                   |                       |                                         | 2. DATE<br>OF<br>DEATH                            | JULY 1                     | 9. 19.            | 50                          |
| A. Bal     |                       | ity, Maryland                                                                       |                                      |                        |                       | 4. USUAL RESIDENCE ()                   | Where deceased li<br>B. COUN                      |                            |                   | sidence<br>admission)       |
| HOSPI      | TAL OR                | OF (If not in hos)  NION MEM                                                        |                                      | 7.                     | ocation)              | c, CITY OR TOWN (1                      | f outside cornorat                                | limits wri                 |                   | L and give<br>township)     |
| 40         |                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                             |                                      |                        |                       | BALTIMORE                               | 60                                                |                            |                   |                             |
| c. Ler     | ngth of st            | tay in Baltimore                                                                    |                                      | 60                     | Yrs.<br>Mes_<br>Days_ | D. STREET ADDRESS (III                  |                                                   |                            | 12, M             | 1 D.                        |
| 5. SEX     | ALE                   | 6. COLOR DR RAC                                                                     |                                      | RRIED.<br>RRIED.       | (Specify)             | MAY 6, 1890                             | 9. AGE (In ye last birthda                        | ears H Under<br>my) Months | Vear Ho           | Jades 24 Hours<br>ours Min. |
| OA. U      | SUAL OCC              | CUPATION (Give kind<br>If working life, even if retire                              | lof 10s. KIND                        |                        | OR                    | 11. BIRTHPLACE (State or f              | oreign country)                                   |                            | CITIZEN<br>WHAT C | OF<br>OUNTRY                |
|            |                       | N FOREMANS                                                                          | BALTO. C                             | ity                    |                       | MARYLAND                                |                                                   |                            | U-S./             | 9.                          |
| 13. FA     | THER'S N              |                                                                                     | - · · (n)                            |                        |                       | 14. MOTHER'S MAIDEN N                   | HOMAS                                             | 100                        |                   |                             |
| 5 ES 147.7 | S AIVI                | COCK<br>D EVER IN U. S. ARM                                                         |                                      | )                      |                       |                                         | 7014147                                           | (D)                        |                   | 1                           |
| Yes, no    | or nnknown)           | (If yee, give war or d                                                              | ates of service)                     | 16. SOCIAL<br>SECURITY | Y NO.                 | 17. INFORMANT                           |                                                   | ADDRI                      | ESS               |                             |
| 18.        | . 42                  | 0.0.                                                                                | F-816                                | CA                     | USE                   | OF DEATH                                |                                                   |                            |                   | BETWEEN                     |
|            | DISEAS                | E OR CONDITION                                                                      | N DIRECTLY                           |                        |                       |                                         |                                                   |                            |                   |                             |
|            | heart failu           | LEADING TO DE<br>not mean the mod-<br>re, asthenia, etc. It m<br>complication which | e of dying, e. s<br>neans the diseas | e,                     |                       | RONARY T                                |                                                   |                            | ਤ /               | 4111176                     |
|            |                       | ANTECEDENT CA                                                                       | USES                                 |                        | MYP                   | GREENSIVE - A<br>MEART DIS              | RTG-RIO S                                         | CLEROTE                    |                   |                             |
|            | RISE TD T             | S OR CONDITIONS HE ABOVE CAUSE ( /ING CONDITION                                     | A) STATING TH                        |                        | ••••••                |                                         | , <del>, , , , , , , , , , , , , , , , , , </del> |                            | ************      | *************               |
| 2          |                       |                                                                                     |                                      | (C)                    |                       |                                         |                                                   | 14                         |                   |                             |
| 7          | TRIBUTING             | IGNIFICANT CON                                                                      | UT NOT RELATE                        | D CHRI                 | NIC                   | AURICUMA F                              | 18RILLATO                                         | v                          |                   |                             |
| 19         |                       | F OPERATION                                                                         |                                      | FINDINGS OF            |                       |                                         |                                                   |                            | 20. AUT           | TOPSY?                      |
| 21<br>HC   | A. ACCIDE             | NT, SUICIDE,<br>(Specify)                                                           |                                      | CE OF INJURY           |                       |                                         | If in Baltimore                                   | City, give                 |                   |                             |
| 21         | D. TIME (             | Month) (Day) (Yes                                                                   | ar) (Hour)                           | 21E. INJURY O          | CCURR                 | ED 21F. HOW DID INJUR                   | Y OCCUR?                                          |                            |                   |                             |
|            | INJURY                |                                                                                     | m.                                   | WHILE AT N             | OT WHILE              |                                         |                                                   |                            |                   |                             |
| 22         | . I hereby            | y eertify that I d                                                                  | attended the                         | deceased from          | n J                   | 114 1P, 1950, to J                      | TULY 19                                           | , 1950, th                 | at I last         | t saw the                   |
|            |                       |                                                                                     | 19, 1950                             | and that deat          |                       | red at 4:45 Pm., from                   | the causes and                                    | d on the do                | ate state         | ed above                    |
| 23         | Liche                 |                                                                                     | ch                                   |                        | 4. D. 2               |                                         | e Hospile                                         | el 7                       | 7-19              | -50                         |
| TION. F    | BURIAL, CREMOVAL (S   | REMA- 24B. DATE pecify)                                                             | 2/50                                 | 24c. NAME DE C         | . 1                   | 1-00                                    | ocation (City                                     | town, or ec                | (unty)            | (State)                     |
|            | RECEIVER<br>L REGISTI |                                                                                     | R'S SIGNATU                          |                        |                       |                                         | lever "                                           | Y fair                     | DRESS)            | alto                        |
| _1111      |                       | 1001                                                                                |                                      |                        |                       | 111111111111111111111111111111111111111 |                                                   |                            |                   | 100                         |

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50 6350

## BALTIMORE CITY HEALTH DEPARTMENT

50 6350

Registered No. CERTIFICATE OF DEATH

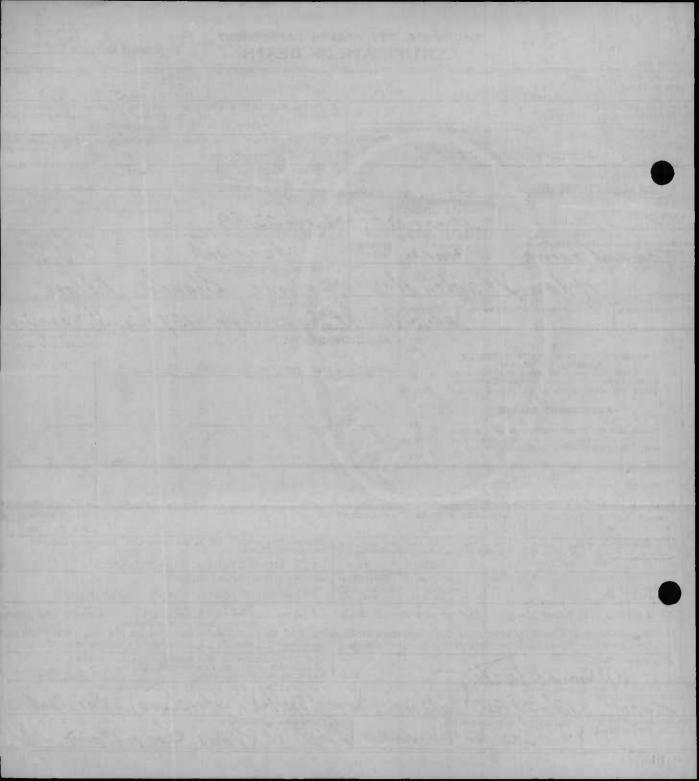
| XIII IIO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| NAME OF DECEASED  Wildred (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Rudenson 2. DATE July 19/950                                                                                          |
| PLACE OF DEATH: Baltimore City, Maryland   7 - 71 Sun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY  before admission              |
| FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |
| STITUTION JOHNS ROPKINS HOSPITAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township                                           |
| Yrs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D. STREET ADDRESS (If rural, give location)                                                                           |
| Length of stay in Baltimore //day Mos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Builtland Wood                                                                                                        |
| 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. DATE OF BIRTH 9. AGE (In years   ft Under I Year   ft Under 24 Hours   last birthday)   Months; Days   Hours: Min. |
| eneal White married                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11-19-99 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                              |
| A. USUAL OCCUPATION (Give kind of done during most of working life, eyen if retired)  INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY                                               |
| fresewife den kome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | anisa Budge Ma a.s.                                                                                                   |
| FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14. MOTHER'S MAIDEN NAME                                                                                              |
| Scar Nuffington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Shoda spurier                                                                                                         |
| WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17. INFORMANT ADDRESS                                                                                                 |
| 215-14-7569                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |
| 230/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OF DEATH INTERVAL BETWEEN ONSET AND DEATH                                                                             |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ARACHNOID HETORRHAGE 10 days                                                                                          |
| (This does not mean the mode of dying, e.g., (A) (A) (B) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7066                                                                                                                  |
| ANTECEDENT CAUSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |
| (B) ESSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NTIAL HYPERTENSION 2 YEARS                                                                                            |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |
| UNDERLYING CONDITION LAST, (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |
| Service Control of the Control of th |                                                                                                                       |
| OTHER SIGNIFICANT CONDITIONS CON-<br>TRIBUTING TO THE DEATH, BUT NOT RELATED<br>TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       |
| 194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RATION   20. AUTOPSY?                                                                                                 |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YES NO _                                                                                                              |
| 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | io or 21C. WHERE DID (If in Baltimore City, give exact location)                                                      |
| 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ZED 21F. HOW DID INJURY OCCUR?                                                                                        |
| M. WHILE AT NOT WHILE M. WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |
| 22. I hereby certify that I attended the deceased from 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -8- , 1950to 7-19- , 1950, that I last saw the                                                                        |
| deceased alive on 7-19- 19 50 and that death occu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 238 MASTERPKINS HOSPITAL 23C. DATE SIGNED                                                                             |
| A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)                                                        |
| Burial 7/22/50 Mountain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | uni Tenion Budge Bed                                                                                                  |
| TE RECEIVED BY REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 25. FUNERAL DIRECTOR ADDRESS                                                                                          |
| 01950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Ne Will Danddown Faces Med                                                                                            |
| VS 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       |

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BALTIMORE CITY HEALTH DEPARTMENT 50 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) LAWRENCE NEAL July 20, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF ('f not in hospital or institution, give street address or Washington HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Johns Hopkins Hospital Hagerstown D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 37 Rav Street Davs 6. COLOR OR RACE . SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year last birthday) Months; Days White Male DIVORCEG 10A. USUAL OCCUPATION (Givekind of (State or foreign country) 12. CITIZEN OF ork doos during most of working life even if retired) INDUSTRY WHAT GOUNT cuant rarmy 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT Yes, no or unknown) SEQURITY NO INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., fracture with subdural hematoms heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CERTIFICATI (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIBUTING CAUSE OF DEATH. 218. PLACE OF INJURY (a. g., in or eboot home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 37 Ray Street, Hagerstown Home 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT July 8. Fell down porch steps while drunk WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\Box$ , accident  $\boxtimes$ , suicide  $\Box$ , homicide  $\Box$ , undetermined  $\Box$ . 23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINE MEDICAL INVESTIGATOR 24A. BURIAL, CREMA TION, REMOVAL (Specify CREMA-24C. NAME OF CEMETERY OR CREMATOR) 24D. LOCATION (City, town, or county DATE RECEIVED BY LOCAL REGISTRAR



| 4     | 56   |
|-------|------|
| 0     | 6352 |
| BIRTH | NO.  |

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| 50             | 63.52 |
|----------------|-------|
| Registered No. |       |

| BIRTH NO.                                                                                                         |                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 1. NAME OF DECEASED (Type or Print) Carrie Palmer                                                                 | . 343 700   2. DATE OF JUL 18 1950                                                                           |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland                                                                    | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence  A. STATE  B. COUNTY before admission)   |
| B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)                  |                                                                                                              |
| JOHNS ROPKINS NOSPITAL                                                                                            | Baltimore township)                                                                                          |
| Yrs.<br>Mos.                                                                                                      | o. STREET ADDRESS (If rural, give location)                                                                  |
| c. Length of stay in Baltimore  Days  5. SEX   6. COLOR OR RACE   7. SINCLE, MARRIED.                             | 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 74 House                                       |
| LOMARO MIDOWED, DIVORCED (Specify)                                                                                | 8. DATE OF BIRTH  9. AGE (In years I Under I Year last birthday)  Months: Days Hours Min.                    |
| WA. USUAL OCCUPATION (Give kind of or business or or done during most of working life, even if retired)  INDUSTRY | 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF                                                   |
| none none                                                                                                         | James Town S.C. WHAT COUNTRY?                                                                                |
| 13. FATHER'S NAME                                                                                                 | 14 MOTHER'S MAIDEN NAME                                                                                      |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL                                                         | 17. INFORMANS HOPKINS HORDERAL ADDRESS                                                                       |
| (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.                                          | 17. INFORMANS HOPKINS HORPITAL ADDRESS                                                                       |
| 18. 604X 1 2 CAUSE                                                                                                | OF DEATH INTERVAL BETWEEN ONSET AND DEATH                                                                    |
| DISEASE OR CONDITION DIRECTLY                                                                                     |                                                                                                              |
| (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,                  | centritis a cute and promptions 50                                                                           |
| Injury or complication which caused death.) DUE TO                                                                | de D.                                                                                                        |
| ANTECEDENT CAUSES                                                                                                 | las at R. Wretero pelvic duration 5d                                                                         |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.         | + 11.                                                                                                        |
| ONDERLYING CONDITION LAST.                                                                                        | natic lear duegre with 75 4RS                                                                                |
| OTHER SIGNIFICANT CONDITIONS CON-                                                                                 | ntral insufficiency                                                                                          |
| TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                                   | moss or approximately                                                                                        |
| 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER                                                                |                                                                                                              |
| 21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (c. g., i                                                         | n or   21c. WHERE DID (If in Baltimore City, give exact location)                                            |
| 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,                   | stc.) INJURY OCCUR?                                                                                          |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR                                                          | ED 21F, HOW DID INJURY OCCUR?                                                                                |
| m. WHILE AT NOT WHILE AT WORK                                                                                     |                                                                                                              |
| 22. I hereby certify that I attended the deceased from 7                                                          | -15 - 195 9, to 7 - 18 - , 195 9 that I last saw the                                                         |
| deceased alive on 7-18-, 1950, and that death occur                                                               | rred at 2 Hm., from the causes and on the date stated above.  38. ADDRESS HAUVING HAUPTEL   23c. DATE SIGNED |
| Thomas E. Vou house on M.D.                                                                                       | 18 Days                                                                                                      |
| 24A. BURIAL, CREMA-<br>TION, REMOVAL (Specify) 7/2/1/50 24C. NAME OF CEMETE                                       | NY OR CREMATORY 240, LOCATION (City, town, or county) (State)                                                |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE                                                                            | 25. FUNERAL DIRECTOR ADDRESS FORTIE HAMAN 1404 auch ave                                                      |
| VS 150                                                                                                            | 900                                                                                                          |

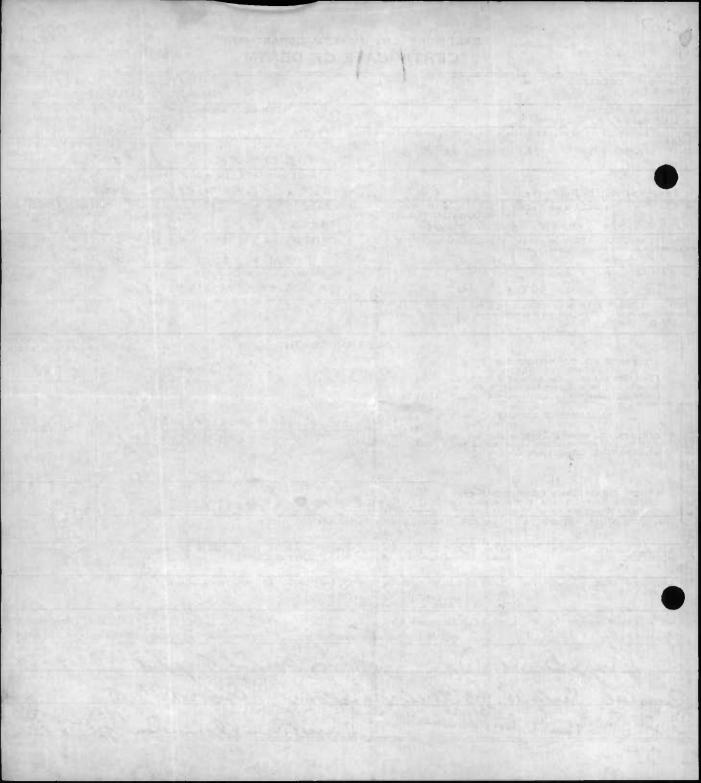
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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| BI          | RTH NO.                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                            | CERTIFICATI                                                   | L OI BEATH                          |                                      |                                               |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------------------|
| 1.<br>('T   | NAME OF D<br>ype or Print)                                                                                                                                                                                                                                                                                                                                                                 | MINNA J                                                            | 10                         | BE                                                            |                                     | 2. DATE<br>OF TUI                    | Ly 19, 1950                                   |
| A.          |                                                                                                                                                                                                                                                                                                                                                                                            | EATH:<br>City, Maryland                                            |                            |                                                               | 4. USUAL RESIDENCE (W               | here deceased lived. If<br>B. COUNTY | f institution: residence<br>before admission) |
| HC          | SPITAL OR                                                                                                                                                                                                                                                                                                                                                                                  | UNION MER                                                          |                            | on, give street address or<br>location)<br>HOSPITAL           | C. CITY OR TOWN (If                 | outside corporate limi               | ts, write DUNAL and give<br>township)         |
| -           | Length of s                                                                                                                                                                                                                                                                                                                                                                                | tay in Baltimore                                                   |                            | 70 Yrs.                                                       | o. STREET ADDRESS (lf r             | rural, give location)  NSPRING A     | VE.                                           |
|             | SEX<br>FEMALE                                                                                                                                                                                                                                                                                                                                                                              | 6. COLOR OR RACE                                                   | WIDOW                      | , MARRIED.<br>ED, DIVORCED (Specify)                          | 8. DATE OF BIRTH MAR. 29, 1880      |                                      | If Under 1 Year on the Days Hours Min.        |
| 1 O         | A. USUAL OC                                                                                                                                                                                                                                                                                                                                                                                | CUPATION (Give kind of<br>of working life, even if retired)        |                            | OF BUSINESS OR INDUSTRY                                       | 11: BIRTHPLACE (State or for        |                                      | 12. CITIZEN OF<br>WHAT COUNTRY                |
| 13          | JACON                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | 1 (1)                      | )                                                             | 14. MOTHER'S MAIDEN NA HENRIGTTA HY | ME                                   |                                               |
| 15<br>Yes   | . WAS DECEASE<br>, no or unknown)                                                                                                                                                                                                                                                                                                                                                          | ED EVER IN U. S. ARMEI<br>(If yes, give war or date                | FORCES?                    | 16, SOCIAL<br>SECURITY NO.                                    | 17. INFORMANT                       | ٩                                    | ADDRESS                                       |
| ILICATION . | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  (A) CORONARY THROMBOSIS  OUE TO  HEART DISEASE. |                                                                    |                            |                                                               |                                     |                                      |                                               |
| כניט        | TRIBUTING                                                                                                                                                                                                                                                                                                                                                                                  | II<br>SIGNIFICANT COND<br>TO THE OEATH, BUT<br>ISEASE OR CONDITION | NOT RELATE                 | ODIAB                                                         | ETES MELL                           | ITUS                                 | 3 YAS.                                        |
| JW          |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                            | FINDINGS OF OPER                                              |                                     |                                      | 20. AUTOPSY?                                  |
| ובחור       | 21A. ACCIDE<br>HOMICIDE                                                                                                                                                                                                                                                                                                                                                                    | ENT. SUICIDE.<br>(Specify)                                         | 21B. PLA<br>about home, fa | CE OF INJURY (e. g., i<br>erm, factory, street, office hldg., | n or 21c. WHERE DID (If             | f in Baltimore City,                 | give exact location)                          |
|             | INJURY                                                                                                                                                                                                                                                                                                                                                                                     | (Month) (Day) (Year)                                               | m.                         | HILE AT NOT WHILE WORK AT WORK                                |                                     |                                      |                                               |
|             |                                                                                                                                                                                                                                                                                                                                                                                            | live on J14 19                                                     |                            | and that death occur                                          | red at 6:25 Pm., from the           |                                      |                                               |
| O O         | ON, REMOVAL (S                                                                                                                                                                                                                                                                                                                                                                             | l July 2                                                           | 0,1950                     | The Sh                                                        | alom Od                             | ome S                                | n, or county) (State)                         |
| LC          | CAL REGIST                                                                                                                                                                                                                                                                                                                                                                                 | P BY ( REGISTRAR' RAR' 950)                                        | er Mil                     | autid, Mul                                                    | Said South                          | umsolon'                             | Place                                         |
|             | VS 150                                                                                                                                                                                                                                                                                                                                                                                     | S. Melen                                                           | TOWN THE 'SHE              | gamenter that a to make                                       |                                     |                                      | , ,                                           |

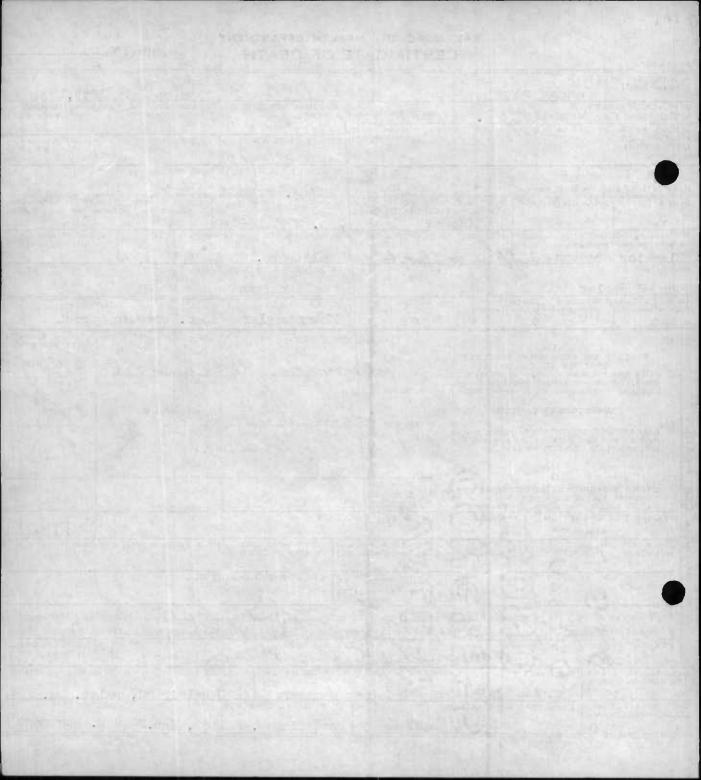
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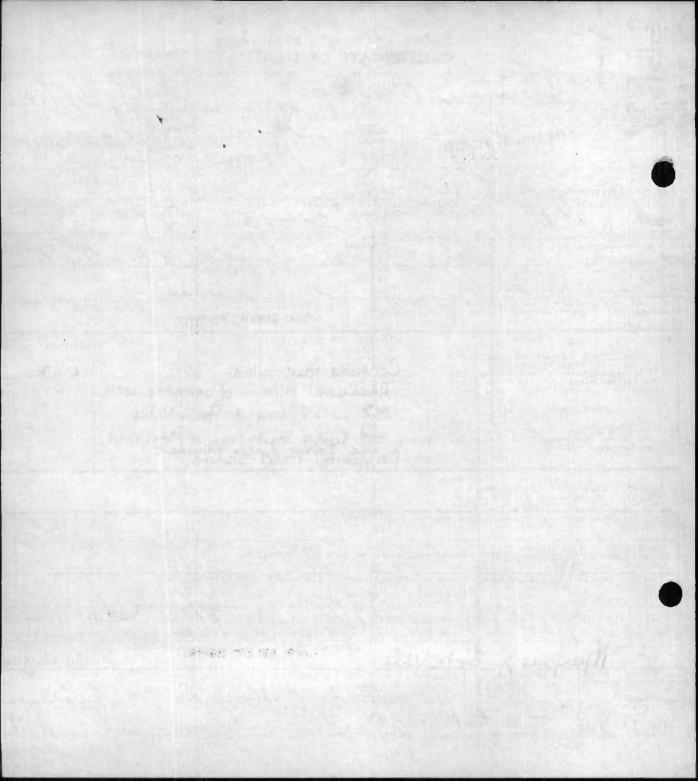
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| BI    | RTH NO.           |                                                          |               | CERTIFIC                 | CAH          | E OF DEATH                 | Registered 1                          | 110,                                         |
|-------|-------------------|----------------------------------------------------------|---------------|--------------------------|--------------|----------------------------|---------------------------------------|----------------------------------------------|
|       | NAME OF D         | ECEASED                                                  |               |                          |              |                            | 2. DATE                               |                                              |
| (1    | ype or Print)     | MICHAEL REC                                              | HER           |                          |              |                            | DEATH July                            | 7 18th,1950                                  |
| 3.    | PLACE OF D        | City, Maryland 29)                                       | PAEE          | evette St                | reet         | 4. USUAL RESIDENCE (       | Where deceased lived. If<br>B. COUNTY | institution : residence<br>before admission) |
|       | FULL NAME         |                                                          |               | ion, give street ad      |              | Mervland                   | 5. 000.111                            | Nest was seen of                             |
|       | STITUTION         |                                                          |               | i                        | ocation)     | c. CITY OR TOWN (I         | f outside corporate limi              | ts, write RURAL and give                     |
| 1     | 0_                |                                                          |               |                          | 9 500        | Baltimore city             | 6-6                                   | township)                                    |
| 100   |                   |                                                          |               | 84                       | Yrs.         | D. STREET ADDRESS (I       | rural, give location)                 |                                              |
| c.    | Length of s       | stay in Baltimore                                        |               | 5                        | Mos.<br>Days | 2024 E. Favette            | Street                                |                                              |
| 5.    | SEX               | 6. COLOR OR RACE                                         | 7. SINGLE     | MARRIED.                 | (Specify)    | 8. DATE OF BIRTH           |                                       | it Under 1 Year on the Days Hours Min.       |
| 1     | fele              | White                                                    | m.m. n. m.    | owed                     | (E.pecii y)  | Jan. 28th 1866             | 84                                    | 5 18                                         |
| 10    | A. USUAL OC       | CUPATION (Give kind of of working life, even if retired) | 10B. KIND     |                          |              | 11. BIRTHPLACE (State or 1 | foreign country)                      | 12. CITIZEN OF                               |
| -     |                   | Erector Ration                                           | MATUS &       | - 5lo 2 6                | USTRY        | Baltimore, Mary            | rlan                                  | WHAT COUNTRY?                                |
|       | FATHER'S          |                                                          | 10 000        | V                        |              | 14. MOTHER'S MAIDEN N      |                                       |                                              |
| (     | onrad Re          | refor                                                    |               |                          | <b>311</b>   | Unknown                    |                                       |                                              |
| 15    | . WAS DECEAS      | ED EVER IN U. S. ARMEI                                   | FORCES?       | 16. SOCIAL               |              | 17. INFORMANT              | A                                     | DDRESS                                       |
| (10   | NO                | (If yes, give war or date                                | B DI BETVICE) | None                     | Y NO.        | Elmer Regler 6             |                                       |                                              |
|       | 18. // >          |                                                          |               | CA                       | LICE         | OF DEATH                   |                                       | INTERVAL BETWEEN                             |
|       | 7                 | SE OR CONDITION                                          |               |                          | OSE          | OF DEATH                   |                                       | ONSET AND DEATH                              |
|       |                   | LEADING TO DEA                                           | TH            |                          | ns.          | man On                     | anders -                              | 5 days                                       |
|       | heart failt       | s not mean the mode oure, asthenia, etc. It mes          | ns the diseas | e,                       | V            | u management               |                                       | 7                                            |
|       | injury or         | complication which                                       | aused death   | .) DUE TO                |              | 1.                         | ,                                     |                                              |
| _     | ANTECEDENT CAUSES |                                                          |               |                          | enon el      | Heart                      | 2                                     |                                              |
| O     | DISEASE           | S OR CONDITIONS, I                                       | F ANY, GIVIN  | (B)/\.                   | 7            | ou may                     | V - 00 [/]                            |                                              |
| F     | RISE TO           | THE ABOVE CAUSE (A)                                      | STATING TH    |                          | //           | Disen                      | 00                                    |                                              |
| Ò     |                   |                                                          |               |                          | V            |                            | ~                                     |                                              |
| 느     |                   | H-                                                       |               | _(C)                     |              |                            |                                       |                                              |
| 2     |                   | SIGNIFICANT COND                                         |               |                          |              |                            |                                       |                                              |
| CE    |                   | G TO THE DEATH, BUT<br>DISEASE OR CONDITION              |               |                          |              |                            |                                       |                                              |
| ٦     | 19A. DATE C       | OF OPERATION 1                                           | 9B. MAJOR     | FINDINGS OF              | OPER         | ATION                      |                                       | 20. AUTOPSY?                                 |
| S     | 214 ACCIDI        | ENT, SUICIDE,                                            | 21m Di A      | CE OF INJURY             | ' (a n l     | or 21c. WHERE DID          | (If in Baltimore City,                | YES NO                                       |
| EDICA | HOMICIDE          | (Specify)                                                |               | arm, fectory, street, of |              |                            | in baltimore city,                    | give exact location)                         |
| Σ     | 21p TIME          | (Month) (Day) (Year)                                     | (Hour)        | 21E, INJURY O            | CCLIRRI      | ED 21F. HOW DID INJUR      | Y OCCUR?                              |                                              |
| r     | YAULNI            | (Month) (Day) (Ital)                                     |               |                          | T WHILE      |                            | . 00001                               |                                              |
|       |                   |                                                          | m.            | WORK A                   | TWORK        |                            | 1 .0                                  |                                              |
|       |                   | ny certify that I att                                    |               |                          |              |                            | rly 18, 195                           | that I last saw the                          |
| ч     |                   | live on July                                             | 19.50.        | and that death           |              |                            | the fauses and on t                   | he date stated above.                        |
|       | 23A, SIGNA        | TURE (                                                   | tara.         | Me . O.                  | 1 2          | 38. ADDRESS                |                                       | 23c. DATE SIGNED                             |
| 2     | PUDIA             | CREMA! 34D/DATE                                          | Looma         |                          | I. D.        | RY OR CREMATORY   24D. I   | OCATION (City, town                   | or county) (State)                           |
| TIC   | N. REMOVAL        | Specify) 24B DATE                                        |               | ZAG. NAME OF C           | FIMETE       | RI OR CREMATORT 24D. I     | LOCATION (CID), town                  | , or county) (Butty)                         |
| -     | Buris             |                                                          | -50           |                          | eeme:        |                            | Belair Rd.                            | Belto Md.                                    |
|       | TE RECEIVE        |                                                          | S SIGNATU     | / 11 a                   | mi.          | 25. FUNERAL DIRECTOR       |                                       | ADDRESS                                      |
|       | on one            | 950                                                      | ton           | Miaster, M.              |              | Frederick D. Mil           | ler, Inc.3019                         | H. Monument                                  |
| 6     | Vs 150            | T ENDANGED                                               |               | THE PERSON NAMED OF      | Story to a   |                            |                                       | 005                                          |
|       |                   | 1 2 1 4 19                                               | 171           | A S. Mark                |              | ma pa ea                   |                                       | 72)                                          |



| 241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6355                                   |
| 1. NAME OF DECEASED (priorine tailip 2. DATE OF DEATH July of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2,1950                                 |
| 3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. COUNTY  B. COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | itution residence<br>before admission) |
| B. FULL NAME OF HOSPITAL OR INSTITUTION  B. FULL NAME OF HOSPITAL OR INSTITUTION  C. CITY OF TOWN (Woutside corporate limits, with the corporate limits and the corporate limits are corporate limits. | rite RURAL and give<br>township)       |
| c. Length of stay in Baltimore & Ray . Mos. Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |
| SI SEX 6. COLOR OR RACE 7. SINGLE. MARTED. B. DATE OF BIRTH 9. ACCION years last of the lay Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Days Hours Min.                        |
| 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY Laborator of foreign country)  12. Somewaker  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CITIZEN OF                             |
| Trover C. Taylor Jina James                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? You, no or unknown) (If yes, give wer or dates of service) SECURITY NO. 17. INFORMANT (SECURITY NO. 17. INFORMANT (SECURITY NO. 17. INFORMANT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ESS                                    |
| 18. 754.1 CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INTERVAL BETWEEN                       |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,  (A) Congestie Heart Silve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6 was                                  |
| injury or complication which caused death.) Due to Anaugsmal dilitation of ascending corta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |
| ANTECEDENT CAUSES  Z  ANTECEDENT CAUSES  (B)  Insufficiency of Profite Valva                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) Congenital Treat Sistate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |
| , 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20. AUTOPSY?                           |
| 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING blowt home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., in or lying or local contribution) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |
| INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |
| deceased alive on 1 20 . 19 . and that death occurred at 12 - m., from the causes and on the d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nat I last saw the late stated above.  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C. DATE SIGNED                         |
| 24a. BURIAL, CREMA-<br>TION REMOVAL (Specify)  7-22-50  24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or completely)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ACTUAL 21950 Tuntington Villiams, M. Lewont & Mouven &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dallo hul                              |
| VS 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |



| PI          | 4 5<br>50<br>RTH NO.                                                                                                      | 6356<br>4-40971                                                                                                                                          | BALTIMORE CITY HE<br>CERTIFICATE                                                              | 72                                                                    | 0 6356                                         |  |
|-------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------|--|
| 1.          | NAME OF D                                                                                                                 | ECEASED                                                                                                                                                  | TAY SURIANI                                                                                   | 2. DATE<br>OF<br>DEATH                                                | /19/50                                         |  |
|             | PLACE OF D<br>Baltimore (                                                                                                 | City, Maryland                                                                                                                                           | THE CONTRACT                                                                                  | 4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY          | If institution; residence<br>before admission) |  |
| H           | FULL NAME<br>OSPITAL OR<br>ISTITUTION                                                                                     | OF (If not in hospital)                                                                                                                                  | al or institution, give street address or location)                                           | C. CITY OR TOWN (If outside corporate lim                             | nits, maite RUPAE and give<br>township)        |  |
| c.          | Length of s                                                                                                               | tay in Baltimore                                                                                                                                         | Yrs.<br>Mos.<br>Days                                                                          | D. STREET ADDRESS (If rural, give location)                           | ON AUE.                                        |  |
| 5.          | SEX                                                                                                                       | 6. COLOR OR RACE                                                                                                                                         | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED (Specify)                                            | 8. DATE OF BIRTH  9. AGE (In years last birthday)                     | Montha Days Hours Min.                         |  |
| 10<br>work  | A. USUAL, OC                                                                                                              | CUPATION (Give kind of of working life, even if retired)  NUNE                                                                                           |                                                                                               | 11. BIRTHPLACE (State or foreign country)  BALTIMORE, MD              | 12 CITIZEN OF<br>WHAT COUNTRY?                 |  |
| 13          | FATHER'S                                                                                                                  |                                                                                                                                                          | LA SUPLAND                                                                                    | 14. MOTHER'S MAIDEN NAME ELLA ELIZABETH K                             | AISER                                          |  |
| 15<br>(Ye   | . WAS DECEASE                                                                                                             | ED EVER IN U. S. ARMED                                                                                                                                   | FORCES? 16. SOCIAL SECURITY NO.                                                               | 17. INFORMANT                                                         | ADDRESS<br>3768 PENNINGTO /AL                  |  |
| RTIFICATION | (This doer<br>heart failt<br>injury or<br>DISEASE<br>RISE TO 1<br>UNDERL'                                                 | SE OR CONDITION LEADING TO DEA ire, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA | DIRECTLY TH of dying, e. g., caused death.) DUE TO SES  F ANY, GIVING STATING THE DUE TO  (C) | of Death<br>Ty-Sachs Disease<br>Respiratory Dailure                   | INTERVAL BETWEEN ONSET AND DEATH               |  |
| CE          | TO THE E                                                                                                                  | S TO THE DEATH, BUT<br>DISEASE OR CONDITION<br>OF OPERATION 1                                                                                            |                                                                                               |                                                                       | 20. AUTOPSY?                                   |  |
| EDICAL      | 21A. ACCIDE<br>HOMICIDE                                                                                                   | ENT, SUICIDE.<br>(Specify)                                                                                                                               | 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., c            |                                                                       | yES NO                                         |  |
| ME          | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK |                                                                                                                                                          |                                                                                               |                                                                       |                                                |  |
|             | 22. I hereb                                                                                                               | y certify that I att                                                                                                                                     | ended the deceased from 11                                                                    | march, 1950, to 19 July, 19, red at 1:15 A.m., from the causes and on | 50, that I last saw the                        |  |
|             | 23A. SIGNA                                                                                                                |                                                                                                                                                          | . Hidey M.O. 2                                                                                | University Hospital                                                   | 19 July 195                                    |  |
| 24<br>TIC   | AA. BURIAL.                                                                                                               | Specify)                                                                                                                                                 | 50 GLEN HAU                                                                                   |                                                                       |                                                |  |
| D           | ATE RECEIVE                                                                                                               |                                                                                                                                                          | S SIGNATURE                                                                                   | 25. FUNERAL DIRECTOR                                                  | ADDRESS                                        |  |

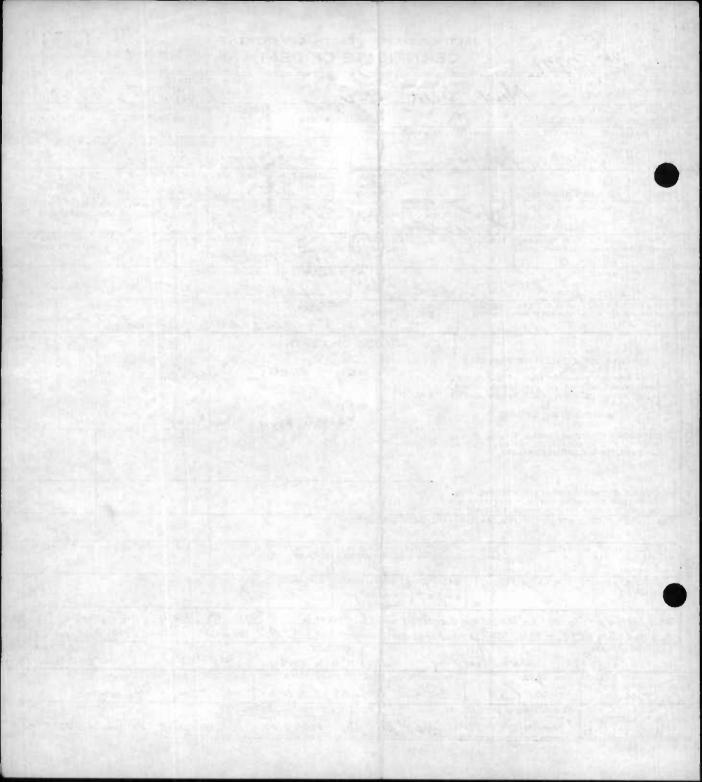
SHUF. DENNY, INC. 715LIGHT ST-30

BURIAL DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

STREET STREET AND STREET

·41884.



357

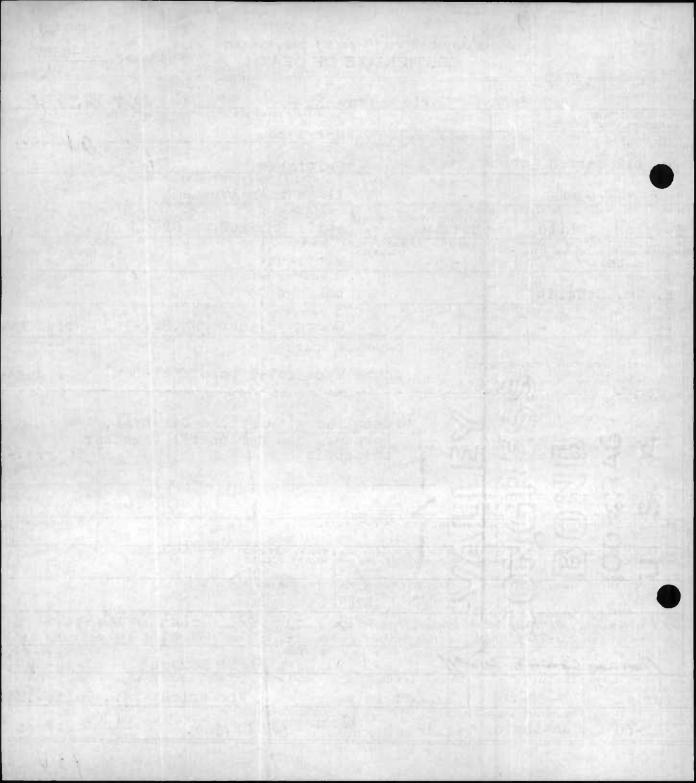
| 0 6357<br>BIRTH NO. | CERTIFICATE OF DEATH | Registered No. 50-6 |
|---------------------|----------------------|---------------------|
| . NAME OF DECEASED  |                      | 2. DATE             |

(Type or Print) Marie Obrecht DEATH July 19, 1950 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate Whits, write RURAL and give INSTITUTION township) Warren Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 112 Warren Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years It Under | Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) White Married April 28,1868 Female 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown K. Wm. Schmidt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or uoknown) (If yes, give war or dates of service) SECURITY NO. George F. Obrecht, Sr.-112 Warren Ave INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Acute Myocardial insufficiency LEADING TO DEATH
(This does not mean the mode of dying, c, g,, l day heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Widespread generalized cerebral, DUE TO COTONARY and peripheral Vascular DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE sclerosis 10 yrs. + UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from Sept. - 19 370 5-26- 19 50, and that death occurred at \_\_\_\_\_ m., from the eauses and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED East Chase Street 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 4G. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Frederick Ave., Balto., Md 7-22-50 Loudon Park Burial John F.Denny, Inc. ADDRESS

DATE RECEIVED BY 7-21-50

Huntington Williams, M.D

Light Street



BIRTH NO

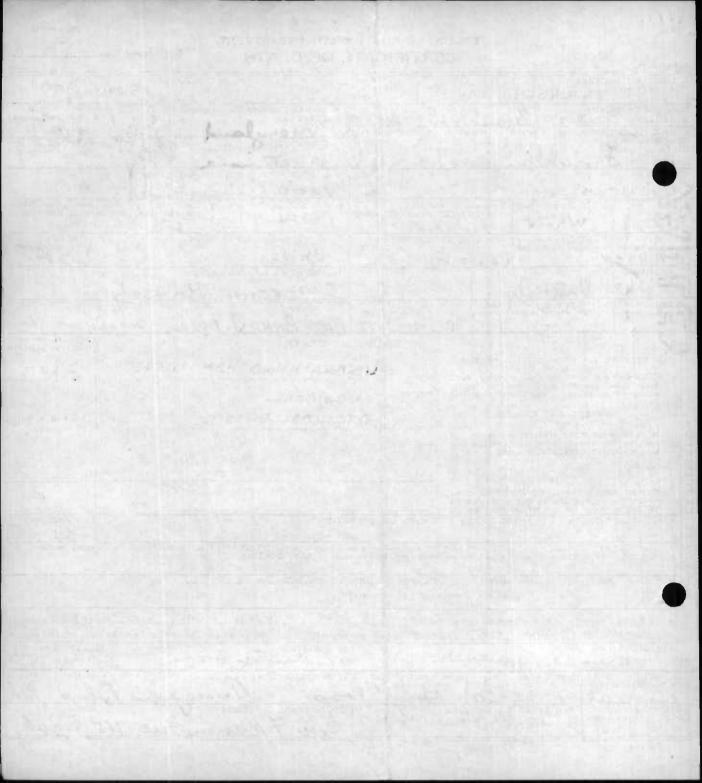
# CERTIFICATE OF DEATH

50 6358 Registered No. 2. DATE 192014 1350 OF DEATH B. COUNTY 9. AGE (In years) AGE (In years) M Under I Year | M Under 24 Hours last birthday) | Months: Days | Hours: Min. 12, CITIZEN OF

1. NAME OF DECEASED (Type or Print) YARHOLY LOUIS 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland before aumission) B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION / township) O. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days B. DATE OF BIRTH 1986 5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 12-14-97 MARRIEG IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY RINTER OAST GUARD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARHOLL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or noknown) SECURITY NO. 1000 Church SI 13-01-9556 18. CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY SUBARACHNOID HEMORRAGE LEADING TO DEATH 2 DAYS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CEREBALL ANTECEDENT CAUSES RTE RIOSCLEROSIS HOT KHOWN DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 2 IF. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WORK 22. I hereby certify that I attended the deceased from 18 204 1950 to 19 JULY . 1959 that I last saw the deceased alive on 19 July . 1950, and that death occurred at\_ \_m., from the causes and on the date stated above. 23c. DATE SIGNED 234 SIGNATURE 23B. ADDRESS Je will 202014 1950 24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE Jurial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR

VS 150

hunting for 14



50

6359

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6359 50 Registered No.

| UI         | KIH NO.                        |                                                                                                                                               |                                                             |                                                          |                                                |                                        |                                                                       |
|------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------|
|            | NAME OF D                      |                                                                                                                                               | ia Ann                                                      | Brice                                                    |                                                | of June                                | 27, 1950                                                              |
| Α.         | PLACE OF D<br>Baltimore        | City, Maryland                                                                                                                                | tal or institut                                             | tion, give street address or                             | 4. USUAL RESIDENCE (V                          |                                        | nstitution: residence<br>before admission)                            |
| ZZ         | OSPITAL OR                     | Baltimore Co                                                                                                                                  | ty Hosp                                                     | oitals location)                                         | c. CITY OR TOWN (If Baltimore                  | outside corporate/limits               | write RORAL and give township                                         |
| c.         | Length of s                    | stay in Baltimore                                                                                                                             |                                                             | Life Yrs. Mos. Days                                      | D. STREET ADDRESS (If 219 Colui                | rural, give location)                  | LVIN ST.                                                              |
|            | sex<br>ema.le                  | 6. COLOR OR RACE                                                                                                                              | 7. SINGL<br>WIDOV<br>Sing                                   | E, MARRIED,<br>VED, DIVORCED (Specify)                   | Feb. 18, 1866                                  | 9. AGE (in years if lagt birthday) Mor | Under 1 Year If Under 24 Hours this Days Hours Min.                   |
| 10<br>orl  | A. USUAL OC                    | CUPATION (Give kind of<br>of working life, even if retired)                                                                                   |                                                             | O OF BUSINESS OR<br>INDUSTRY                             | 11. BIRTHPLACE (State or for Maryland          | reign country)                         | 12. CITIZEN OF<br>WHAT COUNTRY                                        |
| 13         | FATHER'S                       | Theodore                                                                                                                                      | Veasey                                                      |                                                          | 14. MOTHER'S MAIDEN N. Elizabeth Pat           |                                        |                                                                       |
| 15<br>Yes  | . WAS DECEAS                   | ED EVER IN U. S. ARME<br>(If yes, give war or date                                                                                            | D FORCES?                                                   | 16. SOCIAL<br>SECURITY NO.                               | Records 4940 E                                 | ore City Hosp                          | lvars                                                                 |
| RIFICATION | DISEASE: RISE TO TUNDERL'      | s not mean the mode are, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS. IT HE ABOVE CAUSE (A) YING CONDITION LA | Ins the diseas caused death SES  FANY, GIVIN STATING TIAST. | (B)                                                      | rovascular Accide                              | ne                                     |                                                                       |
| C          | TD THE D                       | S TO THE DEATH, BUT<br>ISEASE OR CONDITION<br>OF OPERATION                                                                                    | CAUSING I                                                   |                                                          | RATION                                         |                                        | 20. AUTOPSY7                                                          |
| MEDICAL    | LYING OF                       | DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year                                                                                      | about home.                                                 | ACE OF INJURY (e. g., i                                  | etc.) INJURY OCCUR?                            | f in Baltimore City, g                 | YES ND X                                                              |
|            | INJURY                         | (                                                                                                                                             |                                                             | WHILE AT NOT WHILE AT WORK                               |                                                | 000011                                 |                                                                       |
|            | deceased a                     | live on June 2                                                                                                                                | tended the<br>7, 19 50                                      | deceased from Feb<br>and that death occur<br>Jerry M. D. | rred at 8:00 PM, from to the ADDRESS AVEN AVEN | ne 27, 1950<br>he causes and on th     | that I last saw the date stated above  23c. DATE SIGNED  June 29, 195 |
| 2.4<br>TIC | A. BURIAL, O<br>DN, REMOVAL (S | CREMA-<br>Specify)                                                                                                                            | 9                                                           | 24C. NAME OF CEMETE                                      | Y NEUCL SCHOOL JUL                             | 9 1950                                 | or county) (State)                                                    |
|            | TE RECEIVE                     | RAP                                                                                                                                           | s SIGNATI                                                   | Minus, ME                                                | Commissioner of                                | lesith                                 | ADDRESS                                                               |
|            | VS 150                         | 7                                                                                                                                             | 0                                                           | a he will some a                                         | 1 1 1                                          |                                        | 83a                                                                   |
| 3          |                                |                                                                                                                                               |                                                             |                                                          |                                                |                                        |                                                                       |

market around of it.

A. Baltimore City, Maryland

Edward Carl Paulson

4940 Eastern Ave.

(If not in hospital or institution, give street address or Baltimore City Hospitals ocation)

1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:

B. FULL NAME OF HOSPITAL OR

INSTITUTION

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Md.

C. CITY OR TOWN

Baltimore

before admission)

township)

Registered No.

7-11-50

(If outside corporate limits, write RURAL and give

2. DATE OF

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

DEATH

B. COUNTY

| . Length of stay in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Baltimore 7                                                                                                                                                                                          | M                                                                 | os. 3331 Belveder                                                      | e Ave.                    |                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LOR OR RACE 7.                                                                                                                                                                                       | SINGLE, MARRIED,<br>WIDOWED, DIVORCED (Spe<br>Single              | 8. DATE OF BIRTH                                                       | 9. AGE (In years   H      | Under   Year   If Under 24 Hours   ths Days   Hours   Min. |
| OA. USUAL OCCUPAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FION (Givekiod of glife, even if retired)                                                                                                                                                            | B. KIND OF BUSINESS OF INDUS                                      |                                                                        |                           | 12. CITIZEN OF<br>WHAT COUNTRY?                            |
| 3. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ?                                                                                                                                                                                                    |                                                                   | 14. MOTHER'S MAIDEN I                                                  |                           |                                                            |
| 5. WAS DECEASED EVEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | R IN'U, S. ARMED FOR                                                                                                                                                                                 | RCES? 16. SOCIAL<br>SECURITY NO                                   | B. C. H. Reco                                                          | rds, 4940 East            | ern Ava                                                    |
| (This does not meant failure, asth injury or compliant of the compliant of the complex of the co | CONDITION DIRI ON TO DEATH lean the mode of dy lenia, etc. It means th leation which cause CEDENT CAUSES CONDITIONS, IF AN OVE CAUSE (A) STATE CONDITION LAST.  II ICANT CONDITION HE DEATH, BUT NOT | ECTLY ing, e. g., te disease, d death.)  OUE TO  (B)              | ebral Vascular                                                         | ,                         | INTERVAL BETWEEN ONSET AND DEATH                           |
| 19A. DATE OF OPE<br>1-12-50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                      | MAJOR FINDINGS OF O                                               |                                                                        |                           | 20. AUTOPSY?                                               |
| 21A. ACCIDENT W<br>LYING OR CON<br>CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TRIBUTING                                                                                                                                                                                            | 1B. PLACE OF INJURY (e. put home, farm, factory, atreet, office h | g., in or   21c. WHERE DID                                             | (If in Baltimore City, gi | YES N ONO Live exact location)                             |
| 21D. TIME (Month)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Day) (Year) (Hou                                                                                                                                                                                    | m. WHILE AT NOT WE WORK AT WO                                     | HILE                                                                   | RY OCCUR?                 |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                   | 2-19-49 , 19 , to coursed at 7FM m., from 23B. ADDRESS 4940 Eastern Av | the causes and on th      |                                                            |
| 24A. BURIAL, CREMA-<br>ION, REMOVAL (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 248. DATE                                                                                                                                                                                            | 24c. NAME OF CEM                                                  | TESTY MEDICAL SCHOOL JUI                                               | Log A 9 1950, town, o     | or county) (State)                                         |
| DATE RECEIVED BY LOCAL REGISTRAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | REGISTRAR'S SI                                                                                                                                                                                       | Williams, M.                                                      | 25. EUNERAL DIRECTOR                                                   | Leith                     | ADDRESS                                                    |
| VS 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - U                                                                                                                                                                                                  | La                         |                                                                        | O"                        | 833                                                        |

02-11-1 confessional series from the even Italian . avi statevist 188 I. C. H. Typeria, 1910 February ... nicon feetimen Immedia ( - 11-. ark many and the The Lagrangian

|               |                                  |                                                                                  | BAL                        | TIMORE CITY HI                            | EALTH DEPARTMEN                                                                 | IT T                                                               | 013                                  | 0001                                     |
|---------------|----------------------------------|----------------------------------------------------------------------------------|----------------------------|-------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------|------------------------------------------|
| 0             | RTH 6361                         | lev .                                                                            |                            | CERTIFICAT                                | E OF DEATH                                                                      | Registe                                                            | ered No                              |                                          |
|               | NAME OF D<br>ype or Print)       |                                                                                  | RKER                       |                                           |                                                                                 | 2. DATE<br>OF<br>DEATH                                             | July 18,                             | 1950                                     |
|               | PLACE OF D<br>Baltimore (        | EATH:<br>City, Maryland                                                          | 95 10                      |                                           | 4. USUAL RESIDENCE<br>A. STATE                                                  | (Where deceased livers as COUN                                     |                                      | n : residence<br>fore admission)         |
| В.            | FULL NAME                        |                                                                                  | al or institut             | ion, give street address or location)     |                                                                                 | (If outside corporat                                               | e Mmits write R                      | IIRAI, and give                          |
| 11/           | STITUTION                        | Baltimore                                                                        | City Ho                    | spital                                    | Baltimore                                                                       | 1                                                                  | 6-06                                 | township)                                |
|               |                                  |                                                                                  |                            | Yrs.<br>Mos.                              | D. STREET ADDRESS                                                               |                                                                    | on)                                  |                                          |
| -             |                                  | tay in Baltimore                                                                 |                            | Yrs Days                                  | 1401 Winches                                                                    |                                                                    | L WILL 19                            | 1 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ |
| 5.            | male                             | 6.COLOR OR RACE                                                                  |                            | MARRIED,<br>/ED, DIVORCED (Specify)       | 8. DATE OF BIRTH                                                                | 9. AGE (In year last hirthda                                       | ars If Under 1 Year<br>y) Months Day |                                          |
|               | A. USUAL OC                      | CUPATION (Give kind of                                                           | 108. KIND                  | OF BUSINESS OR                            | 4-18-1893<br>11. BIRTHPLACE (State of                                           | or foreign country)                                                |                                      | IZEN OF                                  |
| WOF           |                                  | of working life, even if retired)                                                | Apt                        | houses                                    |                                                                                 | . Md.                                                              | USA                                  | AT COUNTRY:                              |
| 13            | . FATHER'S                       |                                                                                  |                            | 1101100                                   | West River                                                                      | NAME                                                               |                                      |                                          |
|               |                                  | lac Parker                                                                       |                            |                                           | Catherine                                                                       | Carter                                                             |                                      |                                          |
| 15<br>(Ye     | , no or unknown)                 | D EVER IN U. S. ARME!<br>(If yes, give war or date                               | FORCES?                    | 16. SOCIAL<br>SECURITY NO.                | 17. INFORMANT                                                                   |                                                                    | ADDRESS                              |                                          |
|               | No                               |                                                                                  |                            | 217-22-7346                               | Sarah Parl                                                                      | ker 57 Col<br>Annapoli                                             |                                      |                                          |
| CERTIFICATION | DISEASE:<br>RISE TO T<br>UNDERLY | COMPLICATION WHICH CAUSE OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA | F ANY, GIVIN<br>STATING TH | (B)                                       |                                                                                 |                                                                    |                                      |                                          |
| RT            | TRIBUTING                        | TO THE DEATH, BUT                                                                | NOT RELATE                 | ED                                        |                                                                                 |                                                                    |                                      | ***************************************  |
| S             |                                  |                                                                                  |                            | FINDINGS OF OPER                          | ATION                                                                           |                                                                    | 20.                                  | AUTOPSY?                                 |
| EDICAL        | UNDERLYIN                        | NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.                                      | about home, f              | ACE OF INJURY (e. g., I                   |                                                                                 | (If in Baitimore                                                   | City, give exact                     |                                          |
| W             | 21D. TIME                        | (Month) (Day) (Year)                                                             |                            | 21E. INJURY OCCURR WHILE AT WORK AT WORK  | ED 21F. HOW DID INJU                                                            | URY OCCUR?                                                         |                                      |                                          |
|               |                                  | idence obtained by ath in my opinion                                             |                            | opsy, Inspection or infrom: natural cause | Inquiry, find that saids A, accident , suice  238 CHIEF MEDICA ASSISTANT MEDICA | sy, Inspection or In I deceased died of ide , homicide AL EXAMINER | on the day s  on undeterm  23c. DATE | stated above, nined                      |
| 2.4<br>TI     | Burial (S                        |                                                                                  |                            | 24c. NAME OF CEMETE                       | D. MEDICAL INVESTIG                                                             | LOCATION (City,                                                    | town, or county                      | 9, 1950<br>(State)                       |
|               | ATE RECEIVE                      | D BY   REGISTRAR                                                                 |                            | IRE GATESVII                              | le Demebert G                                                                   | BIESVIIIE                                                          | ADDRE                                | SS                                       |
| LC            | CAL REGIST                       | MAR Thrustie                                                                     | town Mil                   | liants Ma                                 | William Ro                                                                      | 999 108                                                            | Wesh S                               | +.                                       |

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193) Annapolis, Md.

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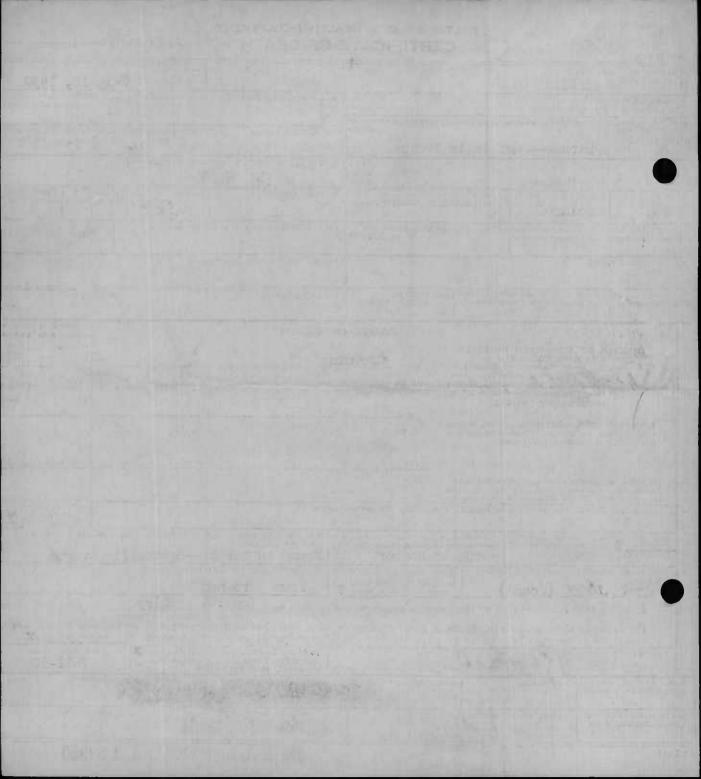
1. NAME OF DECEASED

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6382

2. DATE

| (Type or Print) WILLIAM GUEST                                                                                                     | DEATH July                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10, 1950                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland                                                                                 | 4. USUAL RESIDENCE (Where deceased lived, If inst<br>a. STATE B. COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | titution : residence<br>before admission)    |
| B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  Harbor—East Falls Avenue      | C. CMY OR TOWN (If outside corporate limits, w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rite RURAL and give<br>township)             |
| Yrs.<br>Mos.                                                                                                                      | D. STREET ADDRESS (If rural, give location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -02                                          |
| c. heigth of stay in Baltimore Days   5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.                                             | 8. DATE ORMBIRTH 9. AGE (In years   1) Und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | er i Year   It Under 24 Hours                |
| Male Colored UWIDOWED. DIVORCED (Specify)                                                                                         | N last birthday) Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |
| 10A. USUAL OCCUPATION (Givekindof ork done during most of working life, even if retired)  K  K                                    | 11. BIRTHPLACE (State or foreign country) 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CITIZEN OF<br>WHAT COUNTRY                   |
| 13. FATHER'S NAME                                                                                                                 | 14. MOTHER'S MAIDEN NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes, no or mnknown)   (If yes, give war or dates of service)   SECURITY NO.         | 17. INFORMANT ADD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RESS                                         |
| N                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |
| 18. E929. 8 CAUSE                                                                                                                 | OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INTERVAL BETWEEN                             |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Drown                                                                              | 3 m m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |
| (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,                                  | .mg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |
| injury or complication which caused death.) DUE TO                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |
| ANTECEDENT CAUSES                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |
| DISEASES OR CONDITIONS, IF ANY, GIVING                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |
| RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (4.00 A                                      |
|                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | la de la |
| [] (C)                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |
| OTHER SIGNIFICANT CONDITIONS CON-                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |
| TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER                                     | ATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20. AUTOPSY?                                 |
|                                                                                                                                   | (Te t P It)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YES NO X                                     |
| 21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (a. g., in PRIMARY) OR CONTRIBUTING about home, farm, factory, street, office bidgs. | etc.)   INJURY OCCUR?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3/2                                          |
| CAUSE OF DEATH. Found in harbor                                                                                                   | Found in harborEast Falls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Avenue                                       |
| Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |
| uly 10, 1950 (Found) m. WORK AT WORK                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |
| 22. I certify that I took charge of the remains described of                                                                      | Autopsy, Inspection or Inquiry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | thereon and from                             |
| the evidence obtained by said Autopsy, Inspection or l                                                                            | Inquiry, find that said deceased died on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | day stated above                             |
| and death in my opinion resulted from: natural eauses                                                                             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE SIGNED                                  |
|                                                                                                                                   | ASSISTANT MEDICAL EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7-11-50                                      |
| 24A. BURIAL, CREMA-<br>TION, REMOVAL (Specify)                                                                                    | THE REPORT OF THE PROPERTY OF | county) (State)                              |
| DATE RECEIVED BY   REGISTRAR'S SIGNATURE                                                                                          | 25 FUNERAL DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DDRESS                                       |
| JUL 2 1950 tutington Williams M.                                                                                                  | Commissioner of marine 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3                                            |
| VS 151 N - 990 X                                                                                                                  | JOHN HIPKINS MEDICAL SCHOOL JUL 1 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1950                                         |
|                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |



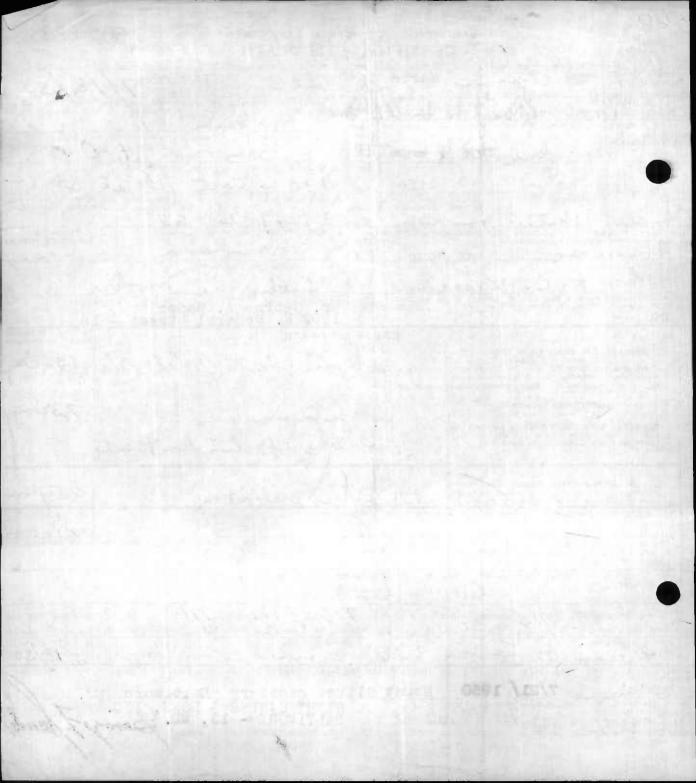
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Marie (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution; residence A. Baltimore City, Maryland B. COUNTY Mary before admission) (If not in hospital or in titution, give street address for B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under | Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. marrie 6 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? mar houselve home 13. FATHER:S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Mr. George A. ADDRESS Yes, no or unknowe) (If yes, give war or dates of service) SECURITY NO Rader no 1902 E. Federal INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF **OPERATION** 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WHILE 19 that I last saw the 22. I hereby certify that I attended the deceased from. 430  $P_m$ , from the causes and on the date stated above. deceased alive on\_\_\_ . 19 Qand that death occurred at\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) / (State burial 1950 Mount cemeterv Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE ENRY SANDER & SONS DNC ADDRESS

13, MD.

VS 150

LOCAL REGISTRAR

mutuator / Miasus, My



| 6                                   | 30 BAL                                                                                                                                                                                   | TIMORE CITY HE                                                   | ALTH DEPARTMENT                       | 5(                                         | 6364                                    |  |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|--------------------------------------------|-----------------------------------------|--|
| CERTIFICATE OF DEATH Registered No. |                                                                                                                                                                                          |                                                                  |                                       |                                            |                                         |  |
|                                     | NAME OF DECEASED  ANNE ELIZABETH                                                                                                                                                         | CARRET                                                           | T                                     | 2. DATE OF DEATH 7-                        | 13-50                                   |  |
| A.                                  | PLACE OF DEATH:<br>Baltimore City, Maryland                                                                                                                                              |                                                                  | 4. USUAL RESIDENCE (V                 | Where deceased lived. If inst<br>B. COUNTY | itution: residence<br>before admission) |  |
| H                                   | FULL NAME OF (If not in hospital or institution) STITUTION                                                                                                                               | location)                                                        |                                       | outside corporate limits, w                | rite RURAL and give<br>township)        |  |
| 3                                   | PROVIDENT HOS                                                                                                                                                                            | PITAL Yrs.                                                       | D. STREET ADDRESS (H                  | rural, give location)                      |                                         |  |
|                                     | Length of stay in Baltimore                                                                                                                                                              | Mos.<br>Days                                                     | 1511 M                                |                                            | REAT                                    |  |
| 5.<br>F                             | WIDOW                                                                                                                                                                                    | MARRIED, ED, DIVORCED (Specify)                                  | 8. DATE OF BIRTH                      | 9. AGE (In years   Months                  | I Year M Under 24 Hours Days Hours Min. |  |
|                                     |                                                                                                                                                                                          | OF BUSINESS OR INDUSTRY                                          | 11. BIRTHPLACE (State or for          |                                            | CITIZEN OF<br>WHAT COUNTRY?             |  |
| 13                                  | FATHER'S NAME                                                                                                                                                                            |                                                                  | 14 MOTHER'S MAIDEN N                  | AME /                                      |                                         |  |
| 15<br>(Ye                           | . WAS DECEASED EVER IN U. S. ARMED FORCES?<br>, no or unknown) (If yes, give war or dates of service)                                                                                    | 16. SOCIAL<br>SECURITY NO.                                       | 17. INFORMANT RE                      | adde                                       | RESS                                    |  |
|                                     | DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas injury or complication which caused death | (A) UN                                                           | DE TERMIN                             | E ]                                        | INTERVAL BETWEEN<br>ONSET AND DEATH     |  |
| NOL                                 | ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE                                                                                         | G                                                                | GESTIVE HEA                           | ART FAILURE                                |                                         |  |
| ERTIFICATION                        | UNDERLYING CONDITION LAST.                                                                                                                                                               | (c) Cour                                                         | may lreffe                            | رسن                                        |                                         |  |
| CERT                                | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I                                                                             | 0 6 6                                                            | e litert. Obstra                      | him blue to:                               | way is                                  |  |
|                                     | 19a. DATE OF OPERATION   19b. MAJOR                                                                                                                                                      |                                                                  | ATION                                 |                                            | 20. AUTOPSY?                            |  |
| MEDICAL                             | 21a. ACCIDENT, SUICIDE. 21B. PLA HOMICIDE (Specify) about home, f                                                                                                                        | CE OF INJURY (e. g., in<br>arm, factory, street, office bldg., e | or 21c, WHERE DID (te.) INJURY OCCUR? | If in Baltimore City, give                 | exact location)                         |  |
| 4                                   | INJURY                                                                                                                                                                                   | VHILE AT NOT WHILE WORK AT WORK                                  |                                       |                                            |                                         |  |
| 1                                   | 00 71 1 116 11 17 11 1 11                                                                                                                                                                | 1 11.                                                            | 12 1050.                              | 7-13 1059                                  |                                         |  |

deceased alive on ]-13, 1950, and that death occurred at A

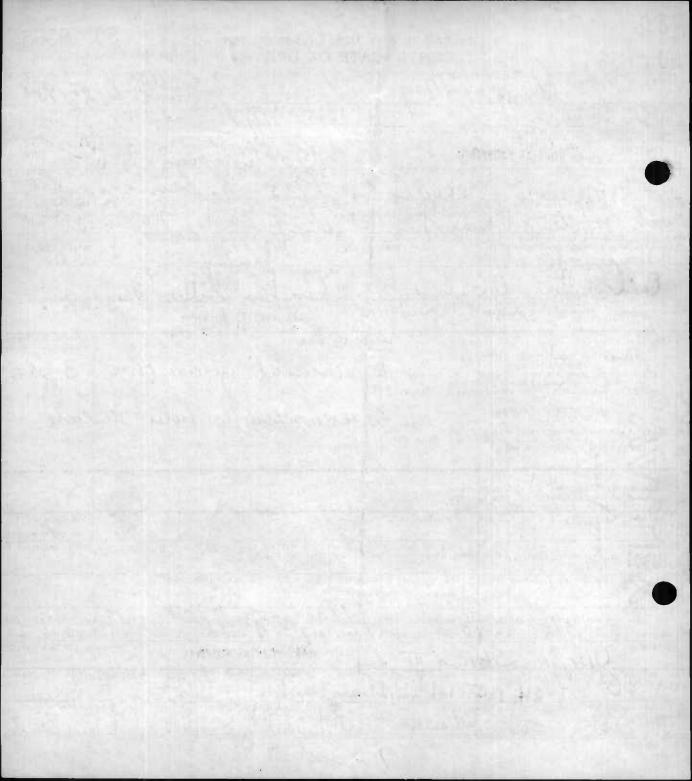
Pm., from the causes and on the date stated above. 23c. DATE SIGNED

25. FUNERAD DIRECTOR

**ADDRESS** 

AND THE PERSON NAMED IN

| 10        | 00                                     |                                                                           |                   |                                                             |                             |                                                  |                                        |
|-----------|----------------------------------------|---------------------------------------------------------------------------|-------------------|-------------------------------------------------------------|-----------------------------|--------------------------------------------------|----------------------------------------|
| 6         | ,00                                    |                                                                           | BALT              | TIMORE CITY HE                                              | EALTH DEPARTMENT            | 50                                               | 6365                                   |
| Bi        | 544 No.63                              | 65                                                                        |                   | CERTIFICAT                                                  | E OF DEATH                  | Registered No_                                   |                                        |
|           | NAME OF DE                             | ECEASED ON                                                                | a                 | May                                                         |                             | 2. DATE.<br>OF<br>DEATH JULY                     | 20/950                                 |
|           | PLACE OF DE<br>Baltimore C             | EATH:<br>ity, Maryland                                                    |                   |                                                             | 4. USUAL RESIDENCE (V       |                                                  | turion /residence<br>before admission) |
| В.        | FULL NAME (                            |                                                                           | al or institution | n, give street address or location)                         |                             | outside corporate mits, w                        | RIIR and aive                          |
| IN 7      | ISTITUTION                             | IONNS HOPKINS                                                             | 108PITAL          |                                                             | Dallim                      | ore 8-0                                          | township)                              |
| C.,       | Length of st                           | ay in Baltimore                                                           | 58                | Yrs.<br>Mos.<br>Days                                        | D. STREET ADDRESS JI        | rural give location)                             | Ot                                     |
| 7.0       | mele                                   | 6. COUOR OR RACE                                                          |                   | MARRIED,<br>D.D.VORCED (Specify)                            | 8. DATE OF BIRTH            | 9. AGE (In years If Under last by though) Months | Days Hours Min.                        |
| 10<br>orl | k done during most of                  | CUPATION (Give kind of<br>(working life, even if retired)                 | 10B. KIND         | OF BUSINESS OR INDUSTRY                                     | 11. BIRTHPLACE (State or fo | oreign country) 12.                              | CITIZEN OF<br>WHAT COUNTRY?            |
| 13        | FATHER                                 | AME IL                                                                    | ^                 |                                                             | 14. MOTHER'S MAIDEN N       | ME I                                             | W W                                    |
|           | amul                                   | Slutter                                                                   | Germa             | ny                                                          | Cimelia Sl                  | ntles Germa                                      |                                        |
| Yes       | s. WAS DECEASE                         | D EVER IN U. S. ARMEI<br>(If yes, give wer or date                        | ORCES?            | 16. SOCIAL<br>SECURITY NO.                                  | 17. INFORMANT               | // ADDR                                          | ESS                                    |
|           | 18. 42                                 | 0.0                                                                       | 1 3 8             | CAUSE                                                       | OF DEATH                    |                                                  | INTERVAL BETWEEN<br>ONSET AND DEATH    |
|           |                                        | E OR CONDITION<br>LEADING TO DEA                                          | ГН                | my                                                          | cardial wi                  | dusc bim                                         | 3 12/10                                |
|           | heart failur                           | not mean the mode of<br>e, asthenia, etc. It mea<br>complication which of | ns the disease,   | DUE TO                                                      | caraval vi                  |                                                  | S 210.                                 |
| i         |                                        | ANTECEDENT CAUS                                                           | ES                |                                                             | and adapt to                | bont des                                         |                                        |
| 5         |                                        | OR CONDITIONS,                                                            |                   |                                                             | siopaew ja                  | rear avi                                         | case                                   |
| 4         |                                        | TE ABOVE CAUSE (A)                                                        |                   | (C)                                                         |                             |                                                  |                                        |
| 7         |                                        | 11                                                                        |                   |                                                             |                             |                                                  |                                        |
| 7         |                                        | GNIFICANT CONDI                                                           |                   |                                                             |                             |                                                  |                                        |
| )         |                                        | F OPERATION 1                                                             |                   | FINDINGS OF OPER                                            | RATION                      |                                                  | 20. AUTOPSY?                           |
| Y Y       |                                        | 2                                                                         |                   |                                                             |                             |                                                  | YES NO                                 |
| AFDI      |                                        | ENT WAS UNDER. CONTRIBUTING                                               |                   | CE OF INJURY (e. g., i<br>m, factory, street, office bldg., |                             | If in Baltimore City, give                       | exact location)                        |
| 4         | 21D. TIME (                            | Month) (Day) (Year)                                                       |                   | 1E. INJURY OCCURR                                           |                             | Y OCCUR?                                         |                                        |
| î         |                                        |                                                                           | m.   1            | WORK AT WORK                                                | 113 7/7                     | 120 1                                            |                                        |
|           | deceased al                            | ive on 7/2                                                                |                   | nd that death occur                                         |                             | nc causes and on the a                           | nat I last saw the late stated above.  |
|           | 23A. SIGNAT                            | Joenh .                                                                   | Stola             | 0 11 M.D.                                                   | 3B. ADARES HOPKINS NOS      | FFTEL                                            | 3c. DATE SIGNED                        |
| 24        | ON, REMOVAL S                          | REMA-<br>gecify) 7-24                                                     | 1950 1            | at United Wa                                                | ny Cemetery!                | O'Dome U                                         | Street (State)                         |
| D         | ATE RECEIVED<br>OCAL REGISTI<br>JUL 21 | RAR 1950 Luctur                                                           | tor Willi         | auce, Mall                                                  | A FUNERAL DIRECTOR          | 1606 h Ches                                      | Ten Strut                              |
| P         | VS 150                                 | Day of                                                                    |                   | 720                                                         | SA OF                       |                                                  | 937                                    |
|           |                                        |                                                                           |                   |                                                             |                             |                                                  |                                        |



| -        | 156                                   |                                                                                      |                                           |                                                         |                         |                      |                             |                       |                           |
|----------|---------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|-------------------------|----------------------|-----------------------------|-----------------------|---------------------------|
| B        | 6366<br>IRTH NO.                      |                                                                                      |                                           | TIMORE CITY H                                           |                         | _                    | egistered No                | 6.0                   | 366                       |
| 1.       | NAME OF D                             | Tho -                                                                                | スノし                                       | Tuncer                                                  | sh.                     | 2. DA                | - 11111                     | 418                   | 50                        |
| 3.       | PLACE OF D<br>Baltimore (             | EATH:<br>City, Maryland                                                              | 5723                                      | Will role                                               | 4. USUAL RESID          | ENCE (Where dec      |                             | /                     | idence                    |
| H        | FULL NAME<br>OSPITAL OR<br>ISTITUTION | OF (If not in hosp                                                                   | oital or instituti                        | on, give street address of location                     |                         | (If outside c        | orporate limits)            |                       |                           |
|          | 0                                     |                                                                                      |                                           | Yrs.                                                    | D. STREET ADDR          | ES If rual Liv       | e location                  | 0                     | township)                 |
| C.       | Length of s                           | tay in Baltimore                                                                     |                                           | Mos. Days                                               |                         | aullo                | wlow                        | . ave                 |                           |
| J.       | m.                                    | 6. COLOR OR RAC                                                                      |                                           | ED, DIVORCED (Specify                                   | Oct                     | 9. AGE               | (in years if birthday) Mont | ths Days Hou          | nder 24 Hours<br>urs Min. |
| 7        | A. USUAL OC<br>k done during most of  | CUPATION (Give kind<br>of working life, even if retire                               | of 10B. KIND                              | OF BUSINESS OR                                          |                         | State or foreign cou | intry) 1                    | 2. CITIZEN<br>WHAT CO |                           |
| 13       | FATHER'S N                            | IAME TIL                                                                             |                                           | 100000                                                  | 14. MOTHER'S MA         | AIDEN NAME           | 110                         |                       |                           |
| /S       | WAS DECEASE<br>a, no or unknown)      | D EVER IN U, S. ARM<br>(If yet give war or de                                        | ED FORCES?                                | 16. SOCIAL                                              | 1). INFORMAT            | ia Mile              | ddel                        | action                | de                        |
| 7        |                                       | no.                                                                                  | ites of service)                          | STOURITY NO                                             | Ms. Cal                 | L. Vun               | ur 5                        | 728                   | ao                        |
|          | DISEAS                                | E OR CONDITION                                                                       | DIRECTLY                                  |                                                         | OF DEATH                | 1                    |                             | INTERVAL<br>ONSET AN  |                           |
|          | (This does<br>heart failu             | LEADING TO DE<br>not mean the mode<br>re, asthenia, etc. It me<br>complication which | ATH<br>of dying, e.g.<br>eans the discase | ,                                                       | Mescular A              | rune                 |                             | 104                   | ears                      |
|          |                                       | ANTECEDENT CAL                                                                       |                                           |                                                         | no To                   |                      |                             | 844                   | no                        |
| 2        |                                       | OR CONDITIONS,                                                                       |                                           | (B)                                                     | perlense<br>no sclero s | , Vasci              | clar                        | 842A                  |                           |
| CA<br>CA |                                       | ING CONDITION                                                                        |                                           | (c)                                                     | no Schero s             | , Gener              | despos                      | 64er                  | ns                        |
| 7        |                                       | II<br>IGNIFICANT CONI                                                                |                                           |                                                         |                         |                      |                             |                       |                           |
| )<br>L   | TO THE DI                             | TO THE DEATH, BU                                                                     | N CAUSING IT                              | 10070                                                   |                         |                      |                             |                       |                           |
| AL       | 19A. DATE O                           | FOPERATION                                                                           | 19B. MAJOR                                | FINDINGS OF OPE                                         | RATION                  |                      |                             | YES YES               | NO P                      |
| בחבו     |                                       | ENT WAS UNDER . CONTRIBUTING DEATH                                                   |                                           | CE OF INJURY (e. g., arm, factory, street, office bldg. |                         |                      | cimore City, giv            | re exact locat        | ion)                      |
| 2        | TIME (                                | Month) (Day) (Yea                                                                    |                                           | HILE AT THE WHILE                                       |                         | INJURY OCCUP         | ₹7                          |                       |                           |
|          | 22. I hereby                          | y certify that La                                                                    | m. /                                      | WORK AT WORK                                            | murchy                  | Co 17 Jul            | 7 19 50                     | that I last           | saw the                   |
|          | deccased al                           | ive on 17 Yaly                                                                       |                                           | and that death occu                                     | rred at/2 m.            | , from the cause     | ,                           | date state            | d above.                  |
|          | 20                                    | Ossis                                                                                | na                                        | м. р.                                                   | 207H E/                 | Belistere            | An                          |                       | 50                        |
| A A      | DELIVAL (S                            | pecolo (1) (1) (1)                                                                   | 1 50 %                                    | Sallo.                                                  | CULL.                   | Ball                 | (City, town, or             | r equnty)             | (State)                   |
| D.       | ATE RECEIVED                          | RAR GENERAL                                                                          | R/S SIGNATU                               | lliance, Met.                                           | 25 FUNERAL DIF          | RECTOR               | lenes                       | DORESS                | 01                        |
| _        | VS 150                                | Dan Jum                                                                              | 0                                         | 700                                                     | / A                     | N D VON              | 0                           | yay                   | CA .                      |
|          |                                       | 3/                                                                                   | The same                                  | 270                                                     | 04                      |                      | 9                           | 21                    |                           |

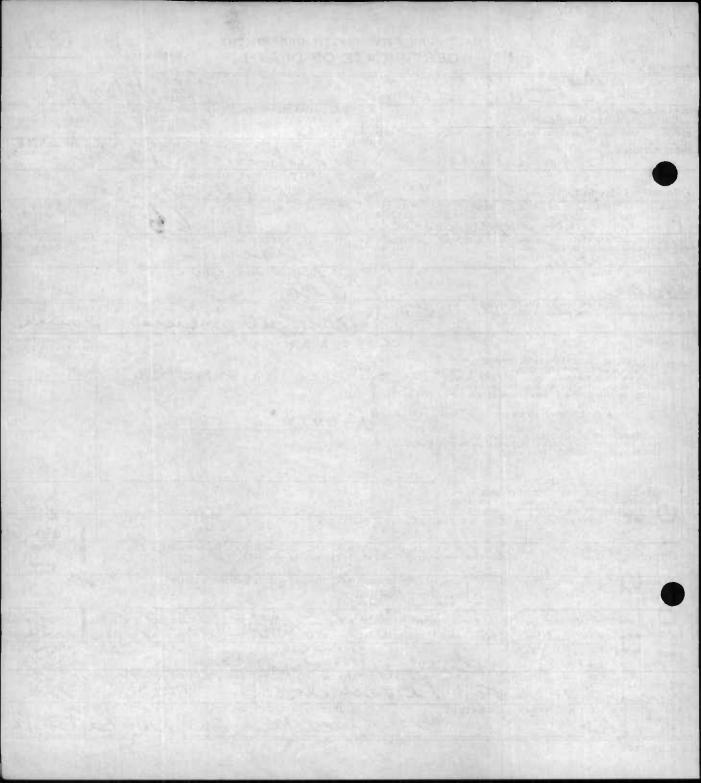
Tro- In Milwing 11. 5 - 3 4773 Williaminedler 1). Marked Diling Col . . JEH FORE POLLET MICK Alt. w. Howard little in Carling To. L. Comment of the second 19 19 0A and promise harmed gives 13 may 2 3 from 81 27.33 The fix 400 MAN WASHINGT

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|----|-----|-----|----|
|    | RTH | 636 | 37 |
| D1 | RIF | NO. |    |

#### BALTIMORE CITY HEALTH DEPARTMENT

50 6367

| 6367<br>BIRTH NO.                          |                                                                                                                                                                                  | CE                                                                                  | RTIFICAT                                            | E OF DEAT         | H Re                  | gistered No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0007                                               |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1. NAME OF D<br>(Type or Print)            | ECEASED                                                                                                                                                                          | la B                                                                                | erlin                                               |                   | 2. DAT                | 7/2/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0/50                                               |
|                                            | City, Maryland                                                                                                                                                                   |                                                                                     |                                                     | A. USUAL RESIDE   | ENCE (Where decea     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | titation; residence<br>before admission)           |
| S. FULL NAME<br>HOSPITAL OR<br>INSTITUTION | C 11                                                                                                                                                                             | 1 1                                                                                 | ive street address or<br>location)                  | c. CITY OR TOWN   |                       | rporete finits, w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | hit DORAL and give<br>township)                    |
| 0                                          |                                                                                                                                                                                  | ospital                                                                             | Jo Yrs.                                             | D. STREET ADDRE   | (If rural, give       | location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |
| 5. SEX                                     | 6. COLOR OR RACE                                                                                                                                                                 |                                                                                     | RRIED.<br>DIVORCED (Specify)                        | 8. DATE OF BIRTH  | 9. AGE                | (In fears H Under the Market Market H Under the Market Market H Under the Market Market H Under the Market H | et 1 Year   II Under 24 Hours<br>s Days Hours Min. |
| or done during most                        | CUPATION (Give kind of of working life, even if retired)                                                                                                                         | 108. KIND OF                                                                        | BUSINESS OR<br>INDUSTRY                             | 11. BIRTHPLACE (S | State or foreign cour | 1(1y)   12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CITIZEN OF WHAT COUNTRY?                           |
| 3. PATHER'S N                              |                                                                                                                                                                                  |                                                                                     |                                                     | 14. MOTHER'S MA   | IDEN NAME             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
| 15. WAS DECEASE                            | ED EVER IN U. S. ARMEI                                                                                                                                                           | FORCES?   16.                                                                       | SOCIAL                                              | 17, INFORMANT     | A                     | ADDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RE96                                               |
| 18. 420                                    |                                                                                                                                                                                  | e or service)                                                                       | SECURITY NO.                                        | Kalmou            | Verlin                | 1-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | James Interval Between                             |
| (This does heart failt injury or DISEASE   | SE OR CONDITION LEADING TO DEA's not mean the mode of ure, asthenia, etc. It mest complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA | TH of dying, e. g., ins the disease, caused death.)  SES  F ANY, GIVING STATING THE | DUE TO                                              | scyD              | is based              | 10 H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |
| I TRIBUTING                                | II  SIGNIFICANT COND  TO THE DEATH, BUT  DISEASE OF CONDITION                                                                                                                    | NOT RELATED                                                                         |                                                     |                   |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
|                                            |                                                                                                                                                                                  |                                                                                     | DINGS OF OPER                                       | ATION             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20. AUTOPSY?                                       |
|                                            | ENT, SUICIDE,<br>(Specify)                                                                                                                                                       |                                                                                     | OF INJURY (e. g., i<br>ctory, street, office bldg., |                   |                       | more City, give                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | exact location)                                    |
| D. TIME                                    | (Month) (Day) (Year)                                                                                                                                                             | (Hour) 21E. WHILE m. WOR                                                            |                                                     |                   | INJURY OCCUR          | ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |
|                                            | y certify that Latt<br>live on 7/20<br>TURE                                                                                                                                      |                                                                                     | that death occur                                    |                   | from the causes       | s and on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3c. DATE SIGNED                                    |
| 244 BURIAL,                                | 2 7ースト                                                                                                                                                                           | 150 1                                                                               | Cosec                                               | RY OR CREMATORY   | 24D. LOCATION         | alto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | county) (State)                                    |
| DATE RECEIVE                               |                                                                                                                                                                                  | SIGHTURE                                                                            | LL MUK                                              | 35. FUNERAL DIR   | · d.                  | 2100 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | elan Pl                                            |
| VS 150                                     |                                                                                                                                                                                  | 41.825.3015                                                                         |                                                     | , end             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 937                                                |



50 6333 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) FREDERICK PORTER OF July 19, 1950 W. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) ('f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION Pentridge Apartments #273 Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 3912 Gelston Drive Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under I Year WIDOWED, DIVORCED (Specify) last hirthday) [Months: Days Hours: Min. Male White Mon 7 1062 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) IOB, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? N. Y. Locke Insulator Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James M. Porter Carolyn Boyce 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mrs. Florence Borter 216-05-3475 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary artery sclerosis (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Myocardial infarct DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes 🔂 accident 🗌, suicide 🗋, homicide 🗀, undetermined 🗀. 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR July 20. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOGATION (City, town, or county)

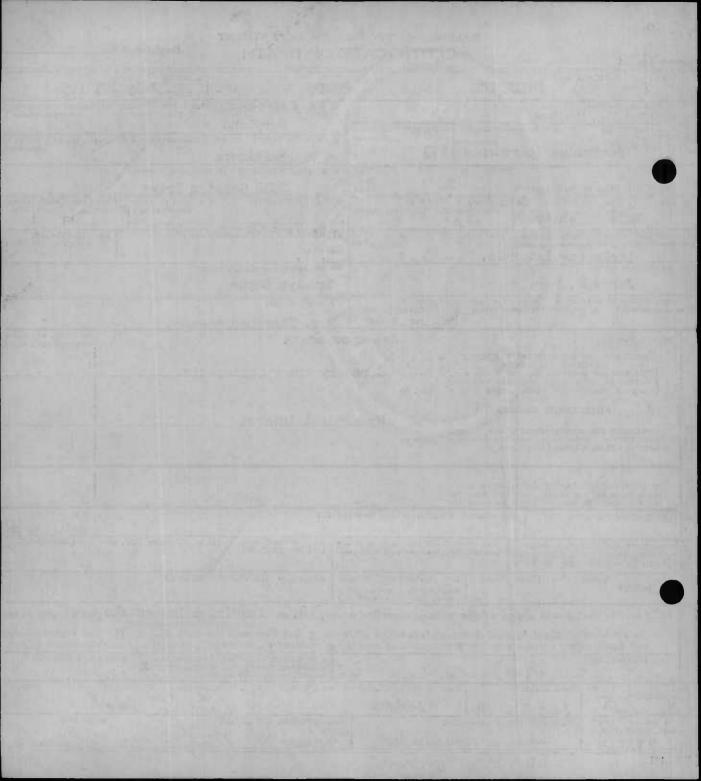
24A. BURIAL, CREMA-Western July 22. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR muticator Millians

248, DATE

anley

25. FUNERAL DIRECTO

ADDRESS



#### CERTIFICATE OF DEATH Registered No. 6369 CERTIFICATE OF DEATH

| 1.       | NAME OF DE                  | CEASED                                               |                        |                                                          |                     |                                 |              | 2. DATE                                 |             |           |                     |
|----------|-----------------------------|------------------------------------------------------|------------------------|----------------------------------------------------------|---------------------|---------------------------------|--------------|-----------------------------------------|-------------|-----------|---------------------|
| (T       | ype or Print)               | PAULINE (                                            | HERG                   | ET.                                                      |                     | **                              |              | OF JULY                                 | 20          | 1950      | ).                  |
| Α,       | PLACE OF DE<br>Baltimore C  | ity, Maryland                                        | BALTIM                 | ORE CITY.                                                | Α.                  | USUAL RESIDE<br>STATE<br>BALTIN |              | here deceased lived, I: B. COUNTY CITY. |             |           | idence<br>dmission) |
| в.<br>Н( | OSPITAL OR                  | 700 HARFOI                                           | RD AVE                 | location                                                 |                     | CITY OR TOWN                    |              | outside corporale linfo                 | ts, water   | RURAL     | and give            |
| IN       | HARFORD                     | CONVALES                                             | ENCE H                 | OME.                                                     |                     | BALTIMORE                       | CIT          | Y. /T                                   | -0          |           | township)           |
| 6        |                             |                                                      |                        | Yrs.<br>Mos.                                             |                     | STREET ADDRES                   | SS (If I     | rural, give location)                   |             |           |                     |
|          |                             | ay in Baltimore                                      | LIF                    | E Day                                                    | 8                   | 1427 JOHN                       | STE          |                                         |             |           |                     |
| 5.       | SEX                         | 6. COLOR OR RACE                                     |                        | E. MARRIED,<br>WED, DIVORCED (Specif                     | (v)                 | DATE OF BIRTH                   |              | 9. AGE (In years last birthday) M       | onths: D    | avs Hor   | nder 24 Hours       |
|          | F                           | W                                                    |                        | 11DON                                                    | N                   | 00 16, 1880                     | 0            | 69                                      | 9<br>9<br>9 |           | 111                 |
| 1 O      | A. USUAL OCC                | CUPATION (Give kind of working life, even if retired | of 10B. KINI           | D OF BUSINESS OR INDUSTR                                 |                     | BALTO                           | tate or fo   | reign country)                          |             | TIZEN (   | OF<br>OUNTRY?       |
| 13       | . FATHER'S N                | AME                                                  | MM 210                 | 701.75                                                   | 14                  | MOTHER'S MAI                    | DEN NA       | ME                                      |             | . 11      |                     |
|          | JAMES                       | A. Cost                                              | ES                     |                                                          |                     | LAURA.                          | SANG         | E GAMP                                  | bE1         | 1         |                     |
| 15<br>Ye | s, no or unknown)           | D EVER IN U, S. ARM!<br>(If yes, give wer or de      | ED FORCES?             | 16. SOCIAL<br>SECURITY NO.                               | 17                  | INFORMANT                       |              | , ,                                     | DDRES       | 9 11      | 112                 |
|          | No                          |                                                      |                        | NONE                                                     | 16                  | HAS HE                          | RGE          | £ 4317 /1                               | MARGI       | IF HA     | 11/10               |
|          | 18. 1/2                     | 2.1.                                                 |                        | CAUSE                                                    | OF                  | DEATH                           | 1            |                                         | INT         | TERVAL    | BETWEEN             |
|          | DISEAS                      | E OR CONDITION                                       | DIRECTLY               |                                                          |                     |                                 |              |                                         | O.          | SE! AN    | DEATH               |
|          | (This does                  | LEADING TO DE.                                       | ATH of dving, e.       | g., CHRON                                                | IC                  | MYOCARDII                       | ris.         | FEBRUARY 2                              | 1           | 950       |                     |
|          | heart failu                 | re, asthenia, etc. It me<br>complication which       | eans the disea         | se,                                                      |                     | v                               |              |                                         |             |           |                     |
| 7        |                             | ANTECEDENT CAL                                       | JSES                   | ARTER                                                    | IOR                 | SCLEROS                         | IS.          |                                         |             | 1950      | ).                  |
| 2        | RISE TO T                   | OR CONDITIONS.                                       | ) STATING T            | ING                                                      |                     | ••••••••••                      |              | *************************************** |             |           |                     |
| Y.       | UNDERLY                     | ING CONDITION                                        | LAST.                  | The State of                                             | 349                 | THE RESERVE                     |              |                                         |             |           |                     |
| 1        |                             |                                                      |                        | CHRONI                                                   | C A                 | RTHRITIS                        | . DEI        | FORMAN.                                 |             | 1945      | •                   |
| 2        | OTHER S                     | IGNIFICANT CONI                                      | DITIONS CO             | N -                                                      | -                   |                                 |              |                                         |             | 330       | -9.59               |
| 1        | TO THE DI                   | TO THE DEATH, BU                                     |                        |                                                          | SIS                 | •                               | <del> </del> |                                         |             | 194       | 5.                  |
| 1        | 19A. DATE O                 |                                                      |                        | R FINDINGS OF OPE                                        | ERATI               | ON                              |              |                                         | 2           | O. AUT    | OPSY?               |
| V        | NONE.                       |                                                      | NO                     |                                                          |                     |                                 |              |                                         |             | ES        | NO A                |
| EDIC     | 21A. ACCIDE<br>HOMICIDE     | NT, SUICIDE,<br>(Specify)                            | 21B. PL.<br>about home | ACE OF INJURY (e. g., farm, factory, street, office bldg | , in or<br>g.,etc.) | 21c. WHERE DI                   |              | f in Baltimore City,                    | give exa    | ict locat | .ion)               |
| 2        |                             | Month) (Day) (Yea                                    | r) (Hour)              | 21E. INJURY OCCUR                                        | RED                 | 21F. HOW DID                    | INJURY       | OCCUR?                                  |             |           |                     |
|          | INJURY                      |                                                      | m.                     | WHILE AT NOT WHILE                                       |                     |                                 |              |                                         |             |           |                     |
|          | 00 77 7                     |                                                      | m.                     | e deceased from FE                                       | BRU                 | ARY 2 10 50                     | 0JU          | LY 20 105                               | 0 44.44     | 7 1       | saw the             |
| i        | declared of                 | ive on Illus 19                                      | $5_{019}$              | e deceased from                                          | urred               | al.45P m.,                      | from th      | he causes and on                        | the date    | e state   | d above.            |
| i        | 2 AN SINGNAT                | URE TIM                                              | 100                    | 1                                                        | 23B.                | ADDRESS                         |              |                                         |             |           | SIGNED              |
|          | and                         | 10. Ce                                               | ew                     |                                                          |                     | 3 ST PAU                        |              |                                         |             | X S       |                     |
| 24<br>TI | AA. BURIAL, CON, REMOVAL (S | REMA- 24B. DATE pecify)                              | 2                      | 24c. NAME OF CEMET                                       | 1 ~                 | OR CREMATORY                    | 24D. LC      | OCATION (City, town                     | i, or cour  | ity)      | (State)             |
|          | BURIAL                      | 7/24/-                                               | 50                     | CATHEORAI                                                | 16                  | EM                              | 131          | altimoRE                                |             |           |                     |
|          | ATE RECEIVED                |                                                      | S SIGNAT               | URE                                                      | 25                  | FUNERAL PIRE                    | ECTOR!       | 0                                       | ADDR        | RESS      |                     |
| 11       | 111 2 1 101                 | Thurtie                                              | aton //1               | liance, Mill                                             |                     | Jearlei                         | 140          | naus X dan                              | 1           |           |                     |
| #        | VS 150                      |                                                      | 9                      | escholar.                                                | · ·                 |                                 | n. T         | 0 10                                    |             | 20        |                     |
|          | 13 130                      |                                                      | 7                      |                                                          |                     | 118 W. 1                        | me.          | (oya Noe                                |             | 130       | _                   |
|          |                             |                                                      |                        |                                                          |                     | 5 5 0                           |              |                                         |             |           |                     |

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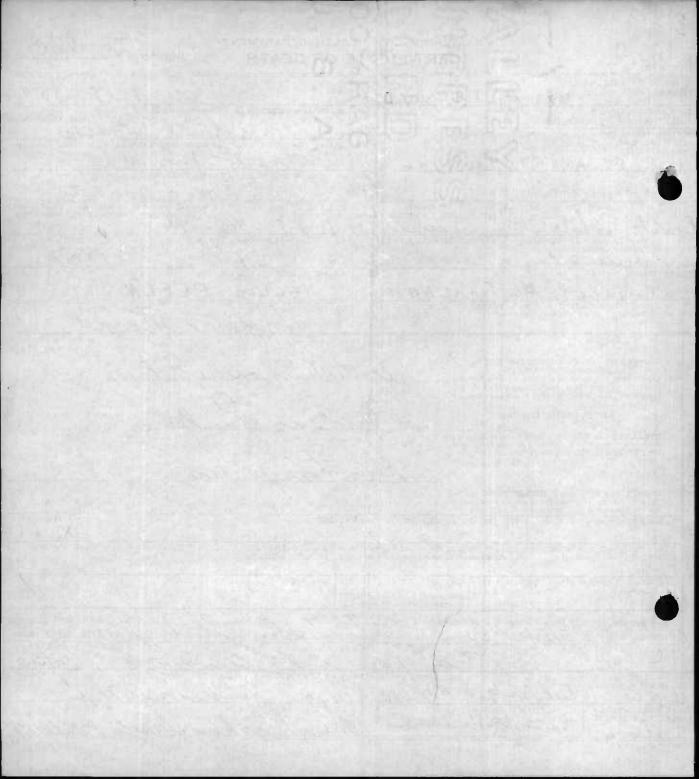
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|                                                                                                                                               | E OF DEATH Registered No.                        | 0 6370                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| 1. NAME OF DECEASED                                                                                                                           | 2. DATE 0F 7-/                                   | 9-195-11                                         |
| 3. PLACE OF DEATH:  A. Baltimore City, Maryland                                                                                               | 4. USUAL RESIDENCE (Where deceased lived, If ins | stitution: residence<br>before admission)        |
| s. FULL NAME OF (If not in hospital or institution, give street address or location)                                                          | maryland Do                                      | reto.                                            |
| ST. AGNES. HOSPITAL                                                                                                                           | Upperco- P.O. Md                                 | township)                                        |
| rth of stay in Baltimore ? Mos. Days                                                                                                          | D. STREET ADDRESS (If rural, give location)      | de                                               |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)                                                                              |                                                  | der I Year If Under 24 Hours has Days Hours Min. |
| IOA. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR INDUSTRY)  IOA. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR INDUSTRY)  | 11. BIRTHPLACE (State or foreign country)   12   | 2. CITIZEN OF<br>WHAT COUNTRY?                   |
| 3. FATHER'S NAME                                                                                                                              | 14. MOTHER'S MAIDEN NAME                         | D.S.A.                                           |
| CHARLES. MC FARLAND                                                                                                                           | NELLIE FLECK                                     |                                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16, no or unknown) (11 yee, give wer or dates of service) SECURITY NO.                          | 17. INFORMANT PADE                               | RESS                                             |
| 18. 1340 CAUSE                                                                                                                                | OF DEATH                                         | INTERVAL BETWEEN                                 |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH                                                                                                | te Vilmonau Edom                                 |                                                  |
| (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |                                                  |                                                  |
| ANTECEDENT CAUSES                                                                                                                             | rolina Relena                                    |                                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO                                                         |                                                  |                                                  |
| UNDERLYING CONDITION LAST.                                                                                                                    | t- coases                                        |                                                  |
| OTHER SIGNIFICANT CONDITIONS CON-                                                                                                             | sisting with                                     |                                                  |
| TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER        |                                                  | 20. AUTOPSY?                                     |
| 7                                                                                                                                             |                                                  | YES NO                                           |
| 21A. ACCIDENT, SUICIDE,<br>1 HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., it about home, farm, factory, street, office hidg., c            |                                                  | e exact location)                                |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE                                                         |                                                  |                                                  |
| m.   work   AT WORK                                                                                                                           | 7/19, 1950, to 2/19, 1950                        | that I last saw the                              |
| deceased alife on 7/19, 1950, and that death occur                                                                                            | fred allo Hom., from the causes and on the       |                                                  |
| Who to Vealey M. D.                                                                                                                           | XX ( lynes /rap                                  | 7/50/50                                          |
| Butial Subjection Subject 1950 Date 24c. NAME OF CEMETE                                                                                       | idae Pikes ville                                 | ecunty) (State)                                  |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE                                                                                                        |                                                  | ADDRESS                                          |
| UL 2,1,1950 Tuntington / Milanie, 1915                                                                                                        | TEnny 11. Enknis & no lo                         | 4905 York                                        |
| V3 130 1                                                                                                                                      | 4 5 6 9                                          | 3                                                |
|                                                                                                                                               |                                                  |                                                  |

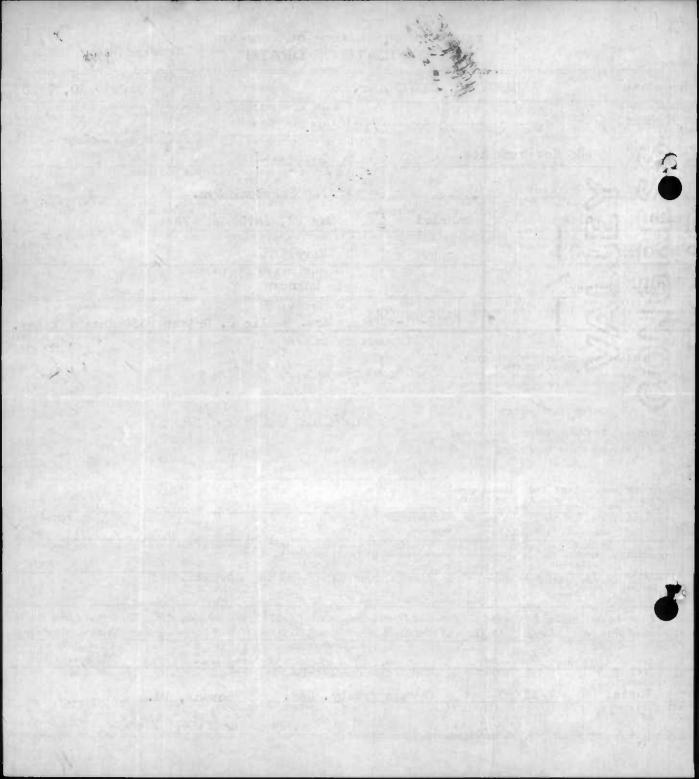


1. NAME OF DECEASED (Type or Print)

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

| . NAME OF D<br>Type or Print) | ECEASED W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | JARREN M             | . DRIVER, Sr.                                                |                                         | 2. DATE<br>OF<br>DEATH             | July 20, 1950                                                 |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------|-----------------------------------------|------------------------------------|---------------------------------------------------------------|
| B. PLACE OF D. Baltimore (    | City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                              | 4. USUAL RESIDENCE (W                   | here deceased lived<br>B. COUNTY   |                                                               |
| FULL NAME                     | OF (If not in hospita                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | al or institutio     | n, give street address or<br>location)                       |                                         | autsia Zaorija da l                | mits, The RURAL and give                                      |
| NSTITUTION                    | 336 Roseba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nk Ave.              |                                                              | Baltimore                               | outside toriginate in              | township)                                                     |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | Yrs.                                                         | D. STREET ADDRESS (If r                 | ural, give location                | )                                                             |
| th of s                       | tay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | Mos.<br>Days                                                 | 336 Rosebank A                          | ve.                                |                                                               |
| S. SEX                        | 6. COLOR OR RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7. SINGLE.<br>WIDOWE | MARRIED.<br>D. DIVORCED (Specify)                            | 8. DATE OF BIRTH                        | 9. AGE (In years<br>last birthday) | Months: Days   H Under 24 Hours   Months: Days   Hours   Min. |
| male                          | white                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ma                   | rried                                                        | May 22, 1873                            | 77                                 |                                                               |
| rkdorduring most              | CUPATION (Give kind of or working life, even if retired)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TOB. KIND            | INDUSTRY                                                     | Maryland                                | reign country)                     | 12. CITIZEN OF<br>WHAT COUNTRY?                               |
| 3. FATHER'S                   | NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                              | 14. MOTHER'S MAIDEN NA                  | ME                                 |                                                               |
| Henry                         | Driver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                              | Unknown                                 |                                    |                                                               |
| 5. WAS DECEAS                 | ED EVER IN U.S. ARMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | 16. SOCIAL<br>SECURITY NO.                                   | 17. INFORMANT                           |                                    | ADDRESS                                                       |
| no                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | 212-01-8059                                                  | Mrs. Nellie B.                          | Driver 33                          | 6 Rosebank Ave.                                               |
| 18. 42                        | 0.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | CAUSE                                                        | OF DEATH                                |                                    | INTERVAL BETWEEN                                              |
| DISEAS                        | SE OR CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | 0.                                                           | 10.                                     |                                    | 1 ml                                                          |
| (This does                    | s not mean the mode oure, asthenia, etc. It mea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | f dying, e. g.       | , (A)                                                        | nary mimasse                            | -\$                                | - WK                                                          |
|                               | complication which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                              |                                         |                                    |                                                               |
|                               | ANTECEDENT CAUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SES                  | Center                                                       | a lastic C-V                            | 1-D                                | 2                                                             |
|                               | S OR CONDITIONS, I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                              |                                         | ·                                  |                                                               |
|                               | THE ABOVE CAUSE (A) YING CONDITION LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | E DUE TO                                                     |                                         |                                    |                                                               |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | (C)                                                          |                                         |                                    |                                                               |
| OTHER S                       | II<br>SIGNIFICANT CONDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ITIONS CON           |                                                              |                                         |                                    | ***************************************                       |
| TRIBUTIN                      | G TO THE DEATH, BUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NOT RELATED          |                                                              | *************************************** |                                    |                                                               |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | FINDINGS OF OPER                                             | RATION                                  |                                    | 20. AUTOPSY?                                                  |
| S ACCUR                       | ENT SUICIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | L 21a DI AC          | SE OF INTIBY (a a s                                          | in or   21c. WHERE DID (I               | f in Baltimare Cit                 | ty, give exact location)                                      |
| HOMICIDE                      | ENT. SUICIDE,<br>(Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | CE OF INJURY (e. g., i<br>rm, factory, street, office bldg., |                                         | i iii partimore on                 | y, give exact location)                                       |
| 21D. TIME                     | (Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Hour) 2             | IE. INJURY OCCURR                                            | ED 21F. HOW DID INJURY                  | OCCUR?                             |                                                               |
|                               | Total Control of the |                      | WORK NOT WHILE                                               |                                         | >                                  |                                                               |
| I hereb                       | y certify that I att                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ended the d          | deceased from                                                | ly 20, 1950, to                         | July 20, 1                         | 95, that I last saw the                                       |
| deceased a                    | live on hely 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , 19.50. a           | nd that death occur                                          | rred at 5 = 4 .m., from th              | ie causes and o                    | n the date stated above.                                      |
| 23A. SIGNA                    | Hu hu.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Cosy                 | м. р.                                                        | Longwood Rose                           |                                    | 23c. DATE SIGNED                                              |
| 24A. BURIAL.                  | CREMA- 248. DATE<br>Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                    | 4C. NAME OF CEMETE                                           | ERY OR CREMATORY 24D. LO                | OCATION (City, to                  | own, or county) (State)                                       |
| Buri                          | al 7/22/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 50                   | Govans Pre                                                   |                                         | mans, Md.                          | <i>i</i>                                                      |
| DATE RECEIVE                  | RAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S SIGNATUR           | RE                                                           | 25. FUNERAL DIRECTOR                    | land of w                          | ADDRESS                                                       |
| JUL 21                        | 1950 hurting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ton Willi            | auto, MI                                                     | 1 /m. 4 mer                             | null 1 A                           | m, vener                                                      |
| VS 150                        | - 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                              | V                                       |                                    | 935111                                                        |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | G G TIVES                                                    | 4 3 7 10                                | THE PARTY                          | 127                                                           |

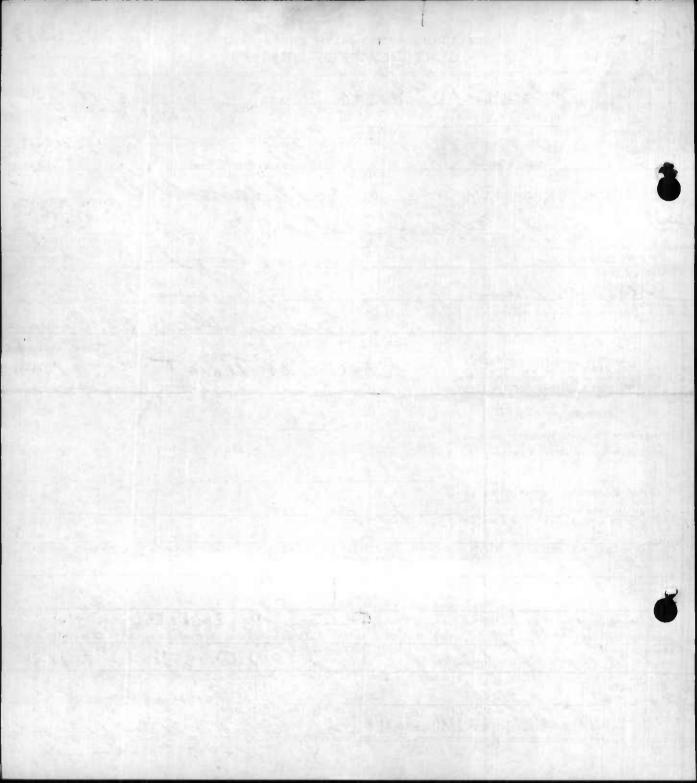


#### BALTIMORE CITY HEALTH DEPARTMENT

50 6372

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MRS. ELIZABET DEATHCIUL 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give township) HOSPITAL OR location) C CITY OR TOWN INSTITUTION Yrs. O. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. nost sill 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK I hereby certify that I attended the deceased from July , 195, to Ouly 20 . 1950, that I last saw the deceased alive on July 20 , 1950, and that death occurred at 4:20 P.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248 DATE 24C. NAME OF CEMETERY OR CREMATORY 240, LOCATION (City, town, or county) 3441118 DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

6373 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, Libestitution: residence A. STATE B. DUNTY before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, with RUKAL and give INSTITUTION 32 township) Yrs. D. STREET ADDRESS (If rural, give location Mos. th of stay in Baltimore Days 7. SINGLE MARRIED, WIDOVED DIVORCED (Specify) 5. SEX 6. COLOR OR RACE AGE (In years Il Under 1 Year last birthday) Months: Days Hours: Min. Widow 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR THPLACE (State or foreign country) 12. CITIZEN OF INDUSTR ork done during most of working life, even if retired) WHAT COUNTRY? ruseur 13. FATHER'S NAME 15. WAS DECEMBED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give wer or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ANCEN OF MONKS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) US INJURY WHILE AT NOT WHILE AT WORK WORK I hereby certify that I attended the deceased from 5-15-, 150, to 7-18-50, 19, that I last saw the deceased alive on 7-18-57 19 and that death occurred at 815 Pm., from the causes and on the date stated above. 23 SIGNATURE 23c. DATE SIGNED 1-21-50 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D, LOCA ADDRESS DATE RECEIVED BY HEGISTHAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

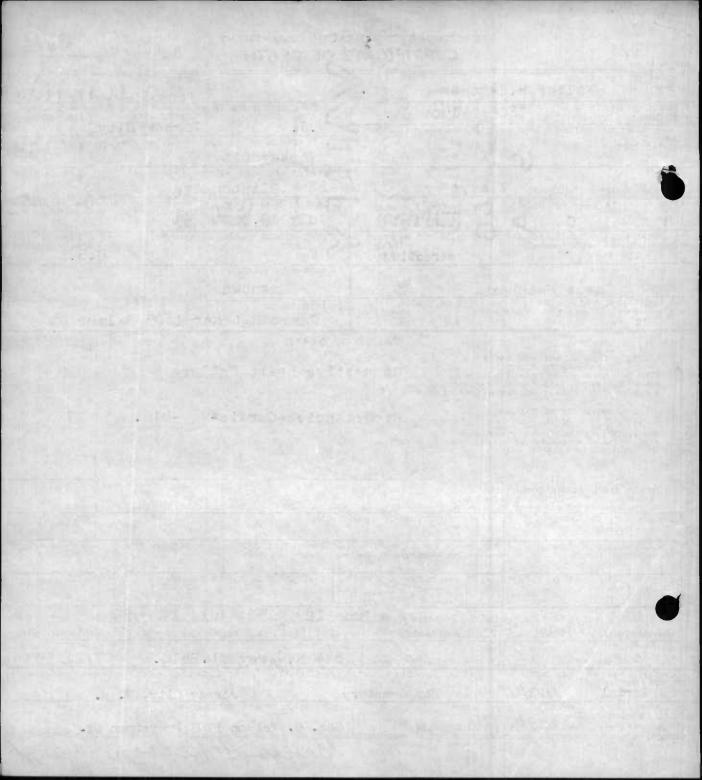


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| BIRTH | 6374<br>No. |

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| Registered  | 50  | 6374 |
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| receigneren | 110 |      |

|                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                    |                                                                                                                                                                                      | 4                       |                                  |  |  |  |  |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|--|--|--|--|
|                | NAME OF Doe or Print)                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S.Hate                                     | cher                                                               |                                                                                                                                                                                      | 2. DATE<br>OF<br>DEATH  | 4 19 1950                        |  |  |  |  |
| B. F           | LACE OF D<br>Baltimore (<br>ULL NAME<br>SPITAL OR<br>TITUTION                                                                                                                                                                                                                                                                                           | City, Marylan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | Balmor Ct.<br>itution, give street address of<br>location          | 4. USUAL RESIDENCE (Where deceased lived. If Astitution: residence B. COUNTY before admission)  N.J. Jersey City  C. CITY OR TOWN (If outside corporate limits, write RURAL and give |                         |                                  |  |  |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | Yrs.<br>Mos.                                                       | D. STREET ADDRESS (If rural, give location)                                                                                                                                          |                         |                                  |  |  |  |  |
| 5. S           |                                                                                                                                                                                                                                                                                                                                                         | tay in Baltime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | Days  GLE, MARRIED.                                                | 88 A.Clinton                                                                                                                                                                         |                         | D-1-3 V 1 M D-1-6-6              |  |  |  |  |
|                | M                                                                                                                                                                                                                                                                                                                                                       | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WID                                        | Married (Specify                                                   | (Specify) 8. DATE OF BIRTH ( 17 9. AGE (In years last birthday) Months Days Hours 63                                                                                                 |                         |                                  |  |  |  |  |
| 10A.<br>work d | . USUAL OC<br>one during most                                                                                                                                                                                                                                                                                                                           | CUPATION (Give<br>of working life, even if:<br>rer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | kind of 108, K                             | Ontracting                                                         | 11. BIRTHPLACE (State or :                                                                                                                                                           | foreign country)        | U.S.A                            |  |  |  |  |
| 13.            | FATHER'S                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                    | 14. MOTHER'S MAIDEN                                                                                                                                                                  | NAME                    |                                  |  |  |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                         | James Ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                    | Unknown                                                                                                                                                                              |                         |                                  |  |  |  |  |
| 15.<br>(Yes,   | WAS DECEASE<br>no nr nnknown)<br>NO                                                                                                                                                                                                                                                                                                                     | D EVER IN U.S.<br>(If yes, give war                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ARMED FORCES<br>or dates of service        | 16. SOCIAL<br>SECURITY NO.                                         | 17. INFORMANT ADDRESS  James Hatcher 1605 Balmor Ct                                                                                                                                  |                         |                                  |  |  |  |  |
|                | (This does<br>heart failt                                                                                                                                                                                                                                                                                                                               | SE OR CONDIT<br>LEADING TO<br>not mean the r<br>re, asthenia, etc.<br>complication w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DEATH<br>node of dying,<br>It means the di | e.g., (A) Cônge                                                    | of DEATH stive Heart Fa                                                                                                                                                              | ilure                   | INTERVAL BETWEEN ONSET AND DEATH |  |  |  |  |
| CERTIFICATION  | OTHER S                                                                                                                                                                                                                                                                                                                                                 | SOR CONDITION HE ABOVE CAUS VING CONDITION HE ABOVE CAUS VING CONDITION HE ABOVE CAUS | ĕV <sub>a</sub> s-Dis.                     |                                                                    |                                                                                                                                                                                      |                         |                                  |  |  |  |  |
| _              | 19A. DATE C                                                                                                                                                                                                                                                                                                                                             | F OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | OR FINDINGS OF OPER                                                | R FINDINGS OF OPERATION                                                                                                                                                              |                         |                                  |  |  |  |  |
|                | NO<br>21A. ACCIDE<br>HOMICIDE                                                                                                                                                                                                                                                                                                                           | NT, SUICIDE.<br>(Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | X PLACE OF INJURY (e. g., me, farm, factory, street, office bldg., |                                                                                                                                                                                      | If in Baltimore City, g | YES NO L                         |  |  |  |  |
| <b>X</b>       | Z1D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  MHILE AT NOT WHILE AT WORK  I hereby certify that I attended the deceased from June 12, 1950, to July 19, 150, that I last saw the deceased glive on July 19, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                    |                                                                                                                                                                                      |                         |                                  |  |  |  |  |
| 24A<br>TION    | BURIAL,                                                                                                                                                                                                                                                                                                                                                 | pecify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ATE                                        | 24C. NAME OF CEMETE                                                |                                                                                                                                                                                      | t.Balt.                 | 7/21/50<br>or county) (State)    |  |  |  |  |
| DAT            | Buri<br>E RECEIVE                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RAR'S SIGN                                 | Bay Cemeter                                                        | y Je:                                                                                                                                                                                | rsey City, N.           | ADDRESS                          |  |  |  |  |
|                | 2 1 105                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - Marie 19/1                               | liance, Mil                                                        | Geo. G. Kelson                                                                                                                                                                       | 1303 Presstmar          |                                  |  |  |  |  |
| OL             | VS 150                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | 970 24                                                             | George G.                                                                                                                                                                            | Kelson                  | 937                              |  |  |  |  |



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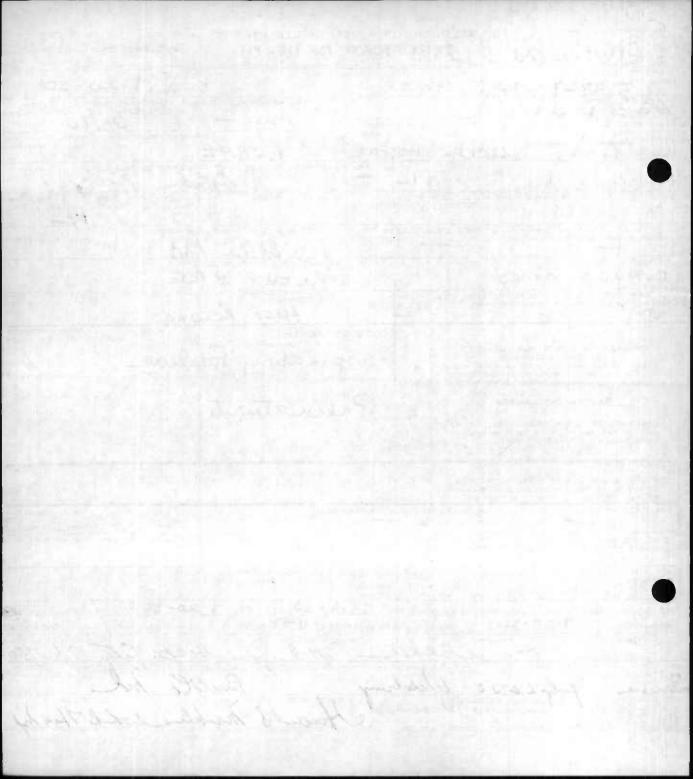
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6375

| 1. NAME OF DECEASED Type or Print) MARY BUSSELLS                                                        | 2. DATE OF July 18, 1950                                                                                                 |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| B. PLACE OF DEATH:                                                                                      | 4. USUAL RESIDENCE (Where deceased lived, If institution : residence                                                     |
| A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or | A. STATE B. COUNTY before admission)  Maryland                                                                           |
| HOSPITAL OR location)                                                                                   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give                                                       |
| Mercy Hospital                                                                                          | Baltimore township,                                                                                                      |
| Yrs.                                                                                                    | o. STREET ADDRESS (If rural, give location)                                                                              |
| c. Length of stay in Baltimore                                                                          | 1010 Woodington Road                                                                                                     |
| female white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)                                            |                                                                                                                          |
| OA. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR                                              | 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF                                                               |
| Prk done during most of working life, even if retired)                                                  | BALTIMORE WHAT COUNTRY                                                                                                   |
| 3. FATHER'S NAME                                                                                        | 14. MOTHER'S MAIDEN NAME                                                                                                 |
| ALEXANDER Klewicki                                                                                      | MARY LEWANDOWSKI                                                                                                         |
| 5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL                                                | 17. INFORMANT ADDRESS                                                                                                    |
| (es. no or unknown) (If yes, give war or dates of service) SECURITY NO.                                 | MARY KLEWICKI 1443 HULLST                                                                                                |
| 18. E 8 7 1.0 CAUSE                                                                                     | OF DEATH                                                                                                                 |
| DISEASE OR CONDITION DIRECTLY                                                                           | ONSET AND DEATH                                                                                                          |
| (This does not mean the mode of dying, e.g., (A)                                                        | Whiturak Lxtexeation                                                                                                     |
| heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO  |                                                                                                                          |
| ANTECEDENT CAUSES                                                                                       | V                                                                                                                        |
| (B)                                                                                                     |                                                                                                                          |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO                   |                                                                                                                          |
| UNDERLYING CONDITION LAST. (C)                                                                          |                                                                                                                          |
| 11                                                                                                      |                                                                                                                          |
| OTHER SIGNIFICANT CONDITIONS CON-                                                                       |                                                                                                                          |
| TO THE DISEASE OR CONDITION CAUSING IT.                                                                 |                                                                                                                          |
| 19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER                                                    | ATION 20. AUTOPSY?                                                                                                       |
| 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in                                                 | n or   21c. WHERE DID (If in Baltimore City, give exact location)                                                        |
| 21a. EXTERNAL CAUSE WAS UNDERLYING GOOR CONTRIB. UTING CAUSE OF DEATH.  LOTING CAUSE OF DEATH.          | 1010 Woodington Road 16/8                                                                                                |
| 21D. TIME (Momth) (Day) (Year) (Hour)   21E. INJURY OCCURRE                                             |                                                                                                                          |
| injury 18, 1950 9.00p m. WHILE AT NOT WHILE AT WORK                                                     |                                                                                                                          |
| 22. I certify that I took charge of the remains described a                                             |                                                                                                                          |
|                                                                                                         | Autopsy, Inspection or Inquiry                                                                                           |
|                                                                                                         | 'nquiry, find that said deceased died on the day stated above<br>3 □, accident ဩ, suicide □, homicide □, undetermined □. |
| 23A. SIGNATURE                                                                                          | 238. CHIEF MEDICAL EXAMINER                                                                                              |
| 24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETER                                                      |                                                                                                                          |
| Burial 7-22-50 New Called                                                                               | ald Ludwid Rd                                                                                                            |
| DATE RECEIVED BY A REGISTRAR'S SIGNATURE                                                                | 25. FUNERAL DIRECTOR ADDRESS                                                                                             |
| OCAL REGISTRAR                                                                                          | Charles F. Dill 1501 E. Forthe                                                                                           |
| 8 151                                                                                                   | 17912                                                                                                                    |

THE WILLIAM OF THE MADE WILL SERVICE AND CHOTH HATTEN DEVILL

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) BUY AMUS 1-20-50 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY (before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN GENERAL HOSPITAL D. STREET ADDRESS (If rural, give location) cl Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE . MARRIED 8. DATE OF BIRTH AGE (In years, If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days Hours: Min. 10A. USUAL OCCUPATION (Giveklad of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME LEONARD PYLE RITH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 05P. NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED JNJURY NOT WHILE AT WORK WORK 7-19-50 22. I hereby certify that I attended the deceased from. 19 \_, that I last saw the and that death occurred at 11 4 ?m., from the causes and on the date stated above. deceased alive on 7-20-5019 23A. SIGNATURE 23B. ADDRESS DATE SIGNED 24A. BURIAL CREMA-24D. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS REGISTRARIS SIGNATU 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT

|   | B | 1 | R | т | н |   | NO | ٥. |   |
|---|---|---|---|---|---|---|----|----|---|
| - | _ | - | - | - | _ | - | _  | _  |   |
| • | _ | - | _ | _ | _ | - |    | _  | - |

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) James Dougherty DEATHJuly 19, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, 1f institution : residence A. Baltimore City, Maryland U.S. Marine Hospital A. STATE B. COUNTY before admission) Pennsylvania B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION U.S. Marine Hospital Philadelphia Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 162 days 1848 Clearfield Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | N Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Male Single Married Dec.13, 1885 IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Watchman Seafarer Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Philip Dougherty Mary Ann Deley 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Records, US Marine Hospital, Baltimore, Md 153-01-0163 18. CAUSE OF DEATH reumana, acute, left DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ena subsente, ngla (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location)

21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, fectory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

deceased alike on 7/19

21E, INJURY OCCURRED

WHILE AT NOT WHILE! WORK

22. I hereby certify that I attended the deceased from Feb. 7

, 1950, and that death occurred at 9:35 mm, from the causes and on the date stated above,

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)

24c. NAME of CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county)

Burial REGISTRAR'S SIGNATURE

St. Micheal Cem. 25. FUNERAL DIRECTOR

23B. ADDRESS

INJURY OCCUR?

Chester

1950, to July 19 , 19 50 that I last saw the

DATE RECEIVED BY netrigiton / Villames, Mal

3000 E. Balto. St

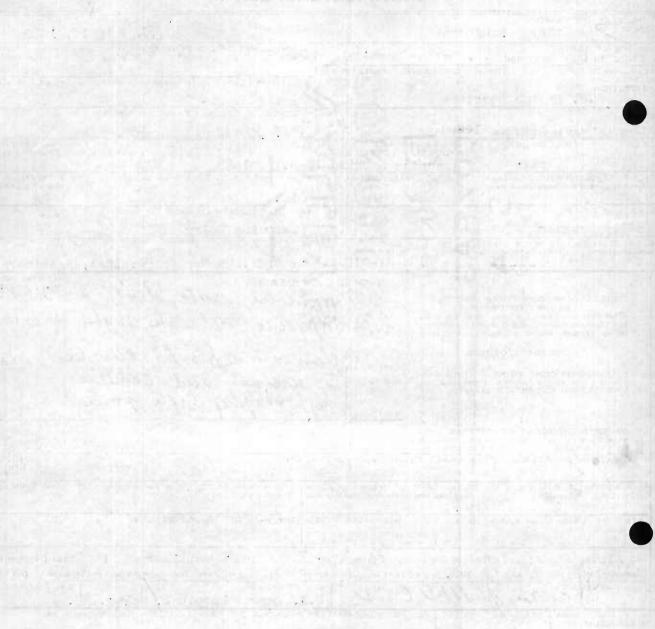
U.S. Marine Hospital, Balto. Ml.

21F. HOW DID INJURY OCCUR?

VS 150

ED

# TABLE TO STAND THE REST.

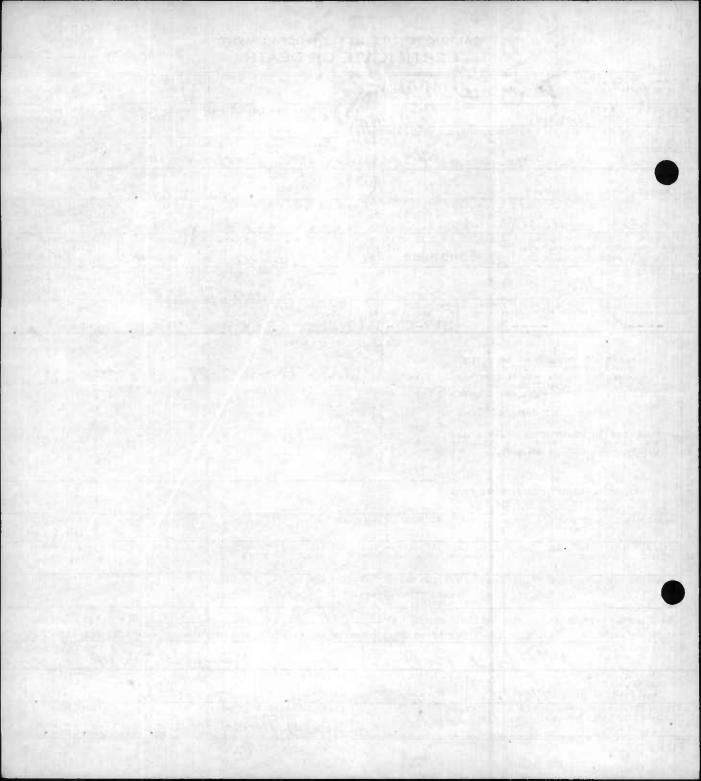


L-650 50 6378

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6378 Registered No.

| 1.<br>(T                                                                   | NAME OF D                                                              | ECEAS                                                                           | JOS                                      | EP IT        | 4             | ARNE         | EY           |             |             | 2. DATE<br>OF<br>DEATH | . ~         | 1/20,                      | 150          |              |
|----------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|--------------|---------------|--------------|--------------|-------------|-------------|------------------------|-------------|----------------------------|--------------|--------------|
|                                                                            | PLACE OF D<br>Baltimore (                                              |                                                                                 | - /                                      |              |               | Mala all     | 4. U         | SUAL RESID  | DENCE (W    |                        |             |                            |              | ence         |
| B. FULL NAME OF (If not in hospital or institution, give street address or |                                                                        |                                                                                 |                                          |              |               |              | Marvla       | and         |             |                        |             |                            | ,            |              |
| H                                                                          | OSPITAL OR                                                             |                                                                                 |                                          | ,            |               | locatio      | n) c. c      | TY OR TOW   | N (If o     | utside corpo           | rate limits | , write RU                 |              |              |
| 7                                                                          | - Ch                                                                   | no                                                                              | ch b                                     | ans          | d 2           | regen        | man          | 4.          | Darts       | more                   | ۷.          |                            | to           | wnship)      |
| 100                                                                        |                                                                        |                                                                                 |                                          |              | V             | Yrs          | D. S         | REET ADD    | RESS (If r  | ural, give loc         | ation)      | 1                          | 4            |              |
| _                                                                          | Length of s                                                            |                                                                                 |                                          |              | 38            | My Day       | 78           | 718 5       | S. Dec      |                        | ve.         | 1-1                        | 11           |              |
| 5.                                                                         | SEX                                                                    | 6.CO                                                                            | LOR OR RACE                              | 7. SINGL     |               | ORCED (Speci | 8. D         | ATE OF BIRT | TH          | 9. AGE (În             | years Mon   | Under 1 Year<br>oths: Days | Hour.        | r 24 Hours   |
|                                                                            | male                                                                   |                                                                                 | holista                                  | 1            | uan           |              | 0            | 4.24        | . 1888      | 11 60                  | 1 un        |                            | 11001        | 343.111      |
| 1 C                                                                        | A. USUAL OC                                                            | CUPAT                                                                           | 10N (Give kinde<br>life, even if retired | )            | D OF BU       | SINESS OR    | 11. B        | IRTHPLACE   |             | eign country           | "           | 12. CITIZ<br>WHA           |              | F<br>INTRY?  |
|                                                                            | Many                                                                   |                                                                                 | mu                                       | TC           | ceore         | am (h)       |              | Cho         | olle        | As/an                  | ~9.         |                            | RS           | 1.           |
| 13                                                                         | B. FATHER'S                                                            | NAME                                                                            |                                          | 0            |               | *            | 14. N        | OTHER'S M   | IAIDEN NA   | ME                     |             |                            |              |              |
|                                                                            |                                                                        | -41                                                                             | even                                     | Lon          | m             | 1.           |              | pra         | my,         | Koge                   | ro.         |                            |              |              |
| 15<br>Ye                                                                   | s, no or nnknown)                                                      | ED EVER                                                                         | R IN U. S. ARME                          | D FORCES?    | 16.50         | CURITY NO.   | 17.1         | NFORMANT    | 0           | -                      | A           | DRESS                      |              |              |
|                                                                            |                                                                        |                                                                                 |                                          | ,            |               | -03-84]      | 4 27         | rv A.       | Lamer       | 718                    | S. I        | 21                         |              |              |
|                                                                            | 10 0                                                                   | ~ I                                                                             |                                          |              | ~ ) (         | 00.0         |              |             | ma riia     | / /10                  |             | Decke                      |              | ETWEEN       |
|                                                                            | 18. 58                                                                 | 1.0                                                                             | 1                                        |              |               | CAUSI        | E OF E       | EATH        |             |                        |             |                            |              | DEATH        |
|                                                                            | DISEAS                                                                 |                                                                                 | CONDITION<br>ING TO DEA                  |              |               |              | 0            | . 0         |             |                        | 0 .         |                            |              |              |
|                                                                            |                                                                        | s not m                                                                         | ean the mode                             | of dying, e. |               | (A)          | w            | r liv       |             | 27,                    | cur         | ~                          |              | ***********  |
|                                                                            | injury or                                                              | compli                                                                          | enia, etc. It me<br>ication which        | caused deat  | se,<br>h.) Du | E TO         |              |             |             |                        |             |                            |              |              |
|                                                                            |                                                                        | ANTE                                                                            | CEDENT CAU                               | SES          |               |              |              |             |             |                        |             |                            |              |              |
| Z                                                                          | Escale III                                                             |                                                                                 |                                          |              |               | (B)          | ************ |             |             |                        |             |                            |              |              |
| 5                                                                          |                                                                        |                                                                                 | ONDITIONS,                               |              | NG            | E TO         |              |             |             |                        |             |                            | ************ |              |
| V                                                                          | UNDERL                                                                 | YING                                                                            | OVE CAUSE (A                             | AST.         | HE DO         | 12 10        |              |             |             |                        |             |                            |              |              |
| 2                                                                          |                                                                        |                                                                                 |                                          |              |               |              |              |             |             |                        |             |                            |              |              |
| I.                                                                         |                                                                        |                                                                                 | 11                                       |              |               | (C)          |              |             |             |                        |             |                            | *********    |              |
| Y                                                                          |                                                                        |                                                                                 | ICANT CONE                               |              |               |              |              |             |             |                        |             |                            |              |              |
| Ü                                                                          |                                                                        | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                          |              |               |              |              |             |             | *********              |             |                            |              | ************ |
| 1                                                                          | 19A. DATE C                                                            | OF OPE                                                                          | RATION                                   | 19B. MAJOF   | FINDII        | NGS OF OP    | ERATION      | RATION      |             |                        |             |                            | AUTO         | PSY?         |
| Y                                                                          |                                                                        |                                                                                 |                                          |              |               |              |              |             |             |                        | 110         | YES                        |              | NO L         |
| ž                                                                          | 21A. ACCIDE                                                            | ENT. SU                                                                         | JICIDE.                                  |              |               | INJURY (e. g |              | 1c. WHERE   |             | in Baltimor            | re City, g  | ive cxact                  | locatio      | n)           |
| ī                                                                          | HOMICIDE (Specify) about home, farm, factory, street, office bldg., et |                                                                                 |                                          |              |               |              |              | NJUKT OCC   | OKI         |                        |             |                            |              |              |
| ≥                                                                          |                                                                        | (Month)                                                                         | (Day) (Year                              | ) (Hour)     | 21E. INJ      | URY OCCUP    | RED 2        | 1F. HOW DI  | D INJURY    | OCCUR?                 |             |                            |              |              |
|                                                                            | INJURY                                                                 |                                                                                 |                                          |              | WHILE AT      | IN TON       |              |             |             |                        |             |                            |              |              |
|                                                                            |                                                                        | -                                                                               |                                          | m.           | WORK L        | AT WOR       | K L          | (2)         |             | 1/00/                  | - 13        | D                          |              |              |
|                                                                            | 22. I hereb                                                            | y cert                                                                          | ify that I at                            | tended the   | decease       | ed from      | 1/0/         | 2 2         | , to        | 1/20/                  |             | , that I i                 |              |              |
| n                                                                          | deceased a                                                             | live on                                                                         | 4.10                                     | ·, 19 50,    | and the       | at death occ | curred a     | t 3.40 p    | n., from th | é causes a             | nd on th    | e date st                  | tated        | above.       |
|                                                                            | 23A. SIGNA                                                             | TURE                                                                            | . 141.                                   |              | 11.           | 0            | 23B. AI      | DDRESS      | 1-/         | . /                    | 1 '         | 23c. DA                    |              |              |
|                                                                            | /                                                                      | Tu                                                                              | y w                                      | me           | n             | M. D.        | Ch           | mel         | 19on        | ~ 7/                   | -de-        | ap                         |              |              |
|                                                                            | AA. BURIAL                                                             |                                                                                 | 24B DATE                                 |              | 24c. NA       | ME of CEME   | TERY OR      | CREMATOR    | Y 24D. LO   | CATION (C              | ity, lown,  | or county)                 | (            | (State)      |
|                                                                            | Buria                                                                  | _                                                                               | 7/2:                                     | 5/50         | Sac           | cred He      | art          | Cem.        | Ba          | ltimo                  | re          |                            | MA           |              |
| D                                                                          | ATE RECEIVE                                                            | D BY                                                                            | REGISTRA                                 | SSIGNAT      | 155           |              |              | UNERAL DI   |             | 0 11110                |             | ADDRES                     | S            |              |
| L                                                                          | DCAL REGIST                                                            | RAR                                                                             | REGISTRA                                 | m //nll      | abile, A      | Like         | W /          | on A. M     | novan :     | TOOO TO                | Par         | +0                         | 0+           |              |
| -                                                                          |                                                                        | and a second                                                                    |                                          |              |               |              | 1            | VI 11. 11   | 1000        | 3000 E                 | • Dal       |                            | JUA          |              |
| 1                                                                          | JUS 150                                                                |                                                                                 |                                          | THOM IST     | 0             | -611         | 110          | a Tim       | Not -       |                        |             | 10                         | 10           |              |
|                                                                            |                                                                        |                                                                                 |                                          |              | 2             | 544          | +1           | 0 0-        | 6           |                        |             | 126                        | +10          | )            |
|                                                                            |                                                                        |                                                                                 |                                          |              |               | /            |              |             |             |                        |             |                            |              |              |



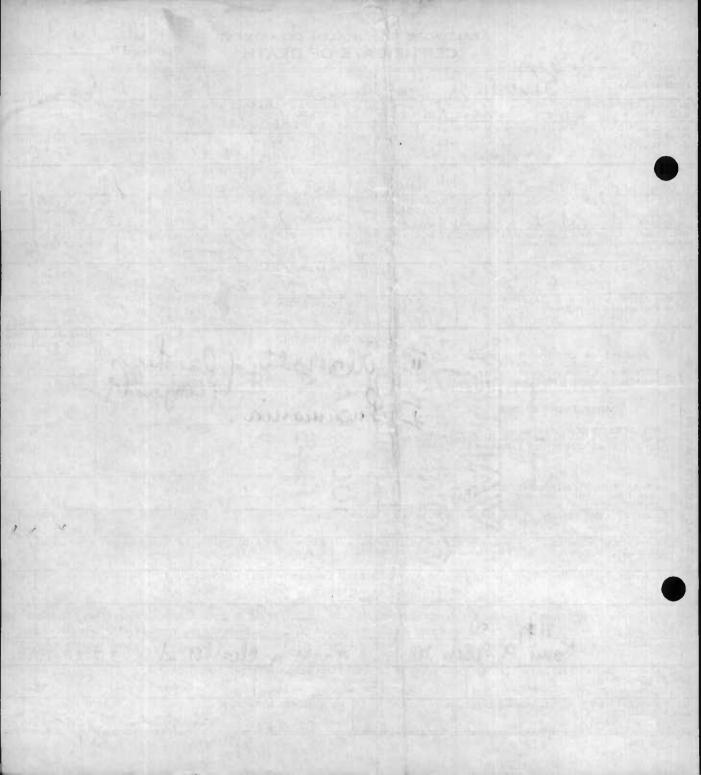
|            | 5-4                                      | 112                                                                                                                                                      |                                                                                              |                                          |                            | 50                       | 6379                                                    |
|------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------|----------------------------|--------------------------|---------------------------------------------------------|
| ВІ         | 50<br>IRTH NO., 57                       | 6379                                                                                                                                                     |                                                                                              | CERTIFICAT                               | E OF DEATH                 | Registered 1             |                                                         |
|            | NAME OF Daype or Print)                  |                                                                                                                                                          | baud                                                                                         | h Hose Elain                             | ve.                        | 2. DATE OF DEATH         | -19-50                                                  |
| A.         |                                          | City, Maryland                                                                                                                                           | Avetor                                                                                       | Hospital                                 | 4. USUAL RESIDENCE (       | Where deceased lived. If | institution : reside.<br>before admission               |
| H          | FULL NAME<br>OSPITAL OR<br>ISTITUTION    | OF (If not in hos                                                                                                                                        | spital or institut                                                                           | ion, give treet address or<br>location)  | C. CITY OR TOWN (I         |                          | s, write RUAAL and give                                 |
| L          |                                          | ROWIN                                                                                                                                                    | sugge                                                                                        | Yrs.                                     | D. STREET ADDRESS (If      | rural give location)     | township)                                               |
|            |                                          | stay in Baltimore                                                                                                                                        |                                                                                              | 114 days. Mos. Days                      | 1125 Brunbur               | 1 Y                      |                                                         |
| 5.         | Sex                                      | 6. COLOR OR RAC                                                                                                                                          | WIDOW                                                                                        | E MARRIED<br>VED DIVORGED (Specify)      | much 1950                  |                          | i Under 1 Year If Under 24 Hours on the Days Hours Min. |
| 1C         | done during most                         | CUPATION (Give kin of working life, even if reti                                                                                                         | dof 108 KINE                                                                                 |                                          | 11. BIRTHPLACE (State or f |                          | 12. CITIZEN OF<br>WHAT COUNTRY?                         |
| 13         | B. FATHER'S                              | NAME                                                                                                                                                     | 000                                                                                          |                                          | 14. MOTHER'S MAIDEN N      | IAME                     | 0.70.70.                                                |
| 9.83       | WAS DECEASE                              | Walter                                                                                                                                                   |                                                                                              | 75                                       | Violet                     | Butto                    |                                                         |
| (Ye        | w, no or unknown)                        | ED EVER IN U. S. AR<br>(If yes, give war or                                                                                                              | MED FORCES?                                                                                  | SECURITY NO.                             | 17. INFORMANT              | 1.11                     | DDRESS<br>YS Bureboy GA                                 |
| IIFICATION | (This does heart failt injury or DISEASE | SE OR CONDITION LEADING TO D s not mean the mor are, asthenia, etc. It is complication whice ANTECEDENT CA SOR CONDITIONS THE ABOVE CAUSE YING CONDITION | EATH de of dying, e. a means the diseas h caused death AUSES S. IF ANY, GIVIN (A) STATING TH | DUE TO PAL                               | ennonia.                   | Congent                  | ONSET AND DEATH                                         |
| CERT       | TRIBUTING                                | SIGNIFICANT CON<br>G TO THE DEATH, B<br>DISEASE OR CONDIT                                                                                                | UT NOT RELATE                                                                                | D                                        |                            |                          |                                                         |
| _          |                                          | OF OPERATION                                                                                                                                             |                                                                                              | FINDINGS OF OPER                         | ATION                      |                          | 20. AUTOPSY?                                            |
| EDICA      | 21A. ACCIDE<br>HOMICIDE                  | ENT, SUICIDE,<br>(Specify)                                                                                                                               |                                                                                              | ACE OF INJURY (e. g., i                  |                            | If in Baltimore City,    | give exact location)                                    |
| Σ          | INJURY                                   | (Month) (Day) (Ye                                                                                                                                        |                                                                                              | 21E. INJURY OCCURR WHILE AT WORK AT WORK |                            | Y OCCUR?                 |                                                         |
|            | deceased a                               |                                                                                                                                                          | attended the                                                                                 | deceased from 6.                         | red at b.m., from t        |                          | that I last saw the he date stated above.               |
|            | 23A. SIGNA                               | John Marie                                                                                                                                               | 9 gl                                                                                         | Mrs MD M.D.                              | 1724 n Clus                | un 2                     | 7. 10. 1950.                                            |
|            | AA. BURIAL,                              | Specify                                                                                                                                                  | 1-50                                                                                         | 24c. NAME OF CEMETE                      | RY OR CREMATORY 24D. L     | OCATION (City, town,     | or county) (State)                                      |
|            | ATE RECEIVE                              |                                                                                                                                                          | AR'S SIGNATU                                                                                 | RE<br>Will:                              | 25. FUNERAL DIRECTOR       | Fulton.                  | ADDRESS<br>Frette T                                     |

\*\*\*

VS 150

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The state of the s



11/452

| 50<br>gistered No. | 6380 |  |
|--------------------|------|--|
| gistered No.       |      |  |

|                                                                                                                                                                                | ALTIMORE CITY HE                                                                         | EALTH DEPARTMENT E OF DEATH                                                                                                                                                 | Registered No.            | 380                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------|--|
| BIRTH NO.  1. NAME OF DECEASED JOSEPh M (Type or Print)                                                                                                                        | /i/liams                                                                                 |                                                                                                                                                                             | DATE<br>OF<br>DEATH 7-20- | 50                                                                 |  |
| 3. PLACE OF DEATH:  A. Baltimore City, Maryland Balto.  B. FULL NAME OF (If not in hospital or instit HOSPITAL OR So. Balto. Gen. INSTITUTION                                  | ution, give street address or                                                            | A. USUAL RESIDENCE (Where deceased lived. If Institution: residence as STATE B. COUNTY before admiss or C. CITY OR TOWN (If outside corporate limits, write RURAL and town) |                           |                                                                    |  |
| c. Length of stay in Baltimore                                                                                                                                                 | Yrs.<br>Mos.<br>Days                                                                     | D. STREET ADDRESS (If rural,                                                                                                                                                | give location)            | -04                                                                |  |
| Male Mhite WIDG                                                                                                                                                                | LE. MARRIED,<br>DWED, DIVORCED (Specify)<br>O O V & C .<br>ND OF BUSINESS OR<br>INDUSTRY | 8. DATE OF BIRTH  Oct. 14-1875  11. BIRTHPLACE (State or foreign                                                                                                            |                           | ear H Under 24 Hours<br>ays Hours Min.<br>TIZEN OF<br>HAT COUNTRY? |  |
| 13. FATHER'S NAME  Tohn Williams  15. WAS DECEASED EVER IN U.S. ARMED FORCES?                                                                                                  | 16, SOCIAL                                                                               | 14. MOTHER'S MAIDEN NAME                                                                                                                                                    | 4                         | .S.H.                                                              |  |
| Yes, no or unknown) (If yes, give war or dates of service)                                                                                                                     | SECURITY NO.                                                                             | Charles Willia                                                                                                                                                              | ms 807 Eng                | _                                                                  |  |
| DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused des |                                                                                          | OF DEATH<br>CCIND MATOSI.                                                                                                                                                   | ON                        | FERVAL BETWEEN                                                     |  |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.                                                          | paarulas.                                                                                |                                                                                                                                                                             |                           |                                                                    |  |
| OTHER SIGNIFICANT CONDITIONS C<br>TRIBUTING TO THE DEATH, BUT NOT RELA                                                                                                         | ON-                                                                                      |                                                                                                                                                                             |                           |                                                                    |  |
|                                                                                                                                                                                | R FINDINGS OF OPER                                                                       | ATION                                                                                                                                                                       |                           | O. AUTOPSY?                                                        |  |
|                                                                                                                                                                                | LACE OF INJURY (e. g., in<br>e, farm, factory, street, office bldg., e                   | or 21c. WHERE DID (If In INJURY OCCUR?                                                                                                                                      | Baltimore City, give exa  | act location)                                                      |  |
| D. TIME (Month) (Duy) (Year) (Hour) INJURY m.                                                                                                                                  | 21E. INJURY OCCURRI<br>WHILE AT NOT WHILE<br>WORK AT WORK                                | 21F. HOW DID INJURY OC                                                                                                                                                      | CUR?                      |                                                                    |  |
| 22. I hereby certify that I attended the deceased alive on, 19                                                                                                                 | ., and that death occur                                                                  |                                                                                                                                                                             |                           |                                                                    |  |
| 24A. BURIAL, CREMA-<br>TION, REMOVAL (Specify)  1-24-1950                                                                                                                      | Cathedr                                                                                  | al Bah                                                                                                                                                                      | O. Ma                     | nty) (State)                                                       |  |
| DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATION                                                                                                                                   | Millians, Mill                                                                           | Flynna Flemi                                                                                                                                                                | ng 1426 L                 | ight St.                                                           |  |
| JULys-1501330                                                                                                                                                                  | 97035                                                                                    | 6 3 7 9                                                                                                                                                                     |                           | 469                                                                |  |

Dee Drumet FM 50-6380 8-24-50 Es 49635065 50 6381

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF uly18,1950 Willie Hill DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution ; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF A (Lenot in hospital or intitution, give street address or HOSPITAL OR 1974 TO THE STORY AVOIDED (STATE OF THE PROPERTY OF THE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 20yrs 921 S. Fremont Ave Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | Il Under | Year | H Under 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH July 4,1907 43
11. BIRTHPLACE (State or foreign country) 10A USUAL OCCUPATION (Give kind of orly done during more of working life, even if retired) IOB. KIND OF BUSINESS OR 12 CITIZEN OF INDUSTR TER'S NAME 14. MOTHER'S MAIDEN NAME Will Hill Hattie Taplin 15. WAS DECEASED EVER IN U, S. ARMED FORCES? SOCIAL Baltimore City Hospital 4940 astern Ave. ADDRESS (If yes, give war or dates of service) SECURITY NO (Yes, no or uokoowo) CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary Tuberculosis Jan. 1950 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A, DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from March 18, 150, to July 18, 1950, that I last saw the deceased alive on July 18, 1950, and that death accurred at 2,50PM, from the cause and at the last saw the \_, 19 50 and that death occurred at 12.50 PM., from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave 7-19-50 CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRABIS SIGNATURE REGTOR APDRESS LOCAL REGISTRAR

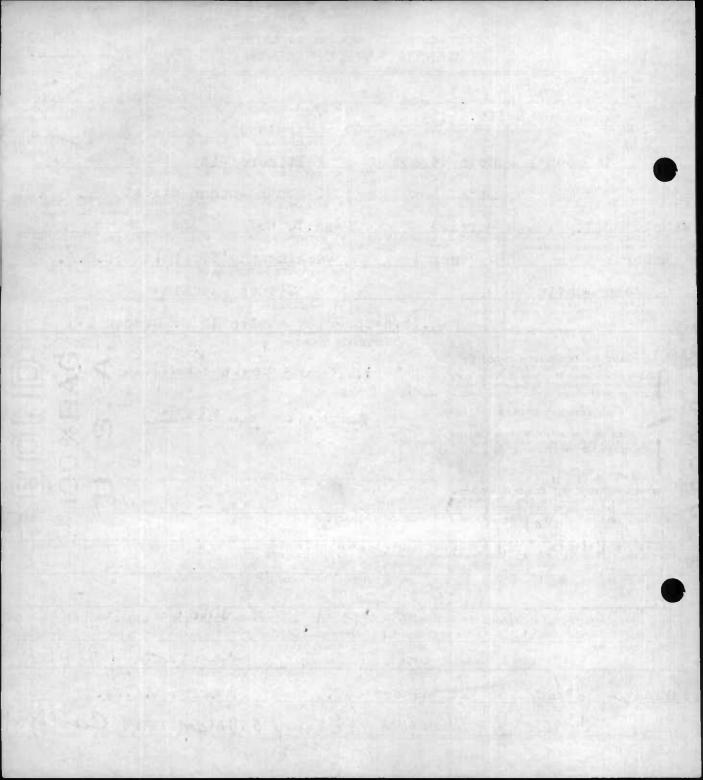
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| 000          |  |
|--------------|--|
| BIRTH NO. 32 |  |

# BALTIMORE CITY HEALTH DEPARTMENT

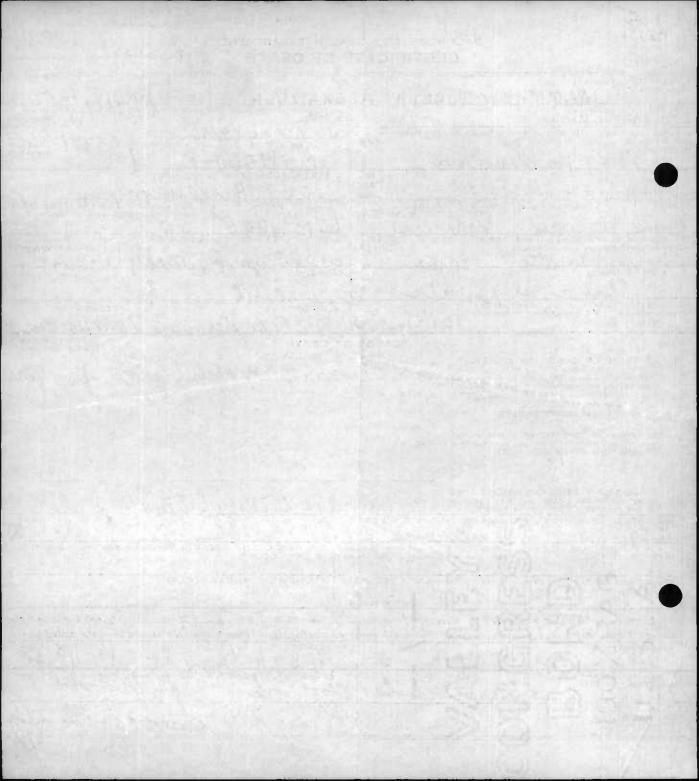
|           |                                         |                                                   |                 |                                          |                |                      |                    |                                      | 0 01             | 2/3/5          |
|-----------|-----------------------------------------|---------------------------------------------------|-----------------|------------------------------------------|----------------|----------------------|--------------------|--------------------------------------|------------------|----------------|
| BI        | RTH6382                                 |                                                   |                 | CERTIFIC                                 |                |                      |                    | Registered N                         | 0 63             | 382            |
| 1.        | NAME OF DECE                            | EASED                                             |                 |                                          |                |                      | 2. D/              |                                      |                  |                |
| (T)       | ype or Print)                           | Ansti                                             | n M             | Lee                                      |                |                      | DE                 | ATH July                             | I9 I9            | 50             |
| 3.<br>A.  | PLACE OF DEAT<br>Baltimore City         | Maryland B                                        |                 | City                                     | 4. US          |                      | NCE (Where de      | ceased lived. If in                  | nstitution : r   |                |
| в.<br>Н ( | FULL NAME OF<br>OSPITAL OR<br>STITUTION |                                                   | al or instituti | on, give street add<br>loc               |                | Marylan<br>Y OR TOWN |                    | corporate limits,                    | write R. R.      |                |
| 1         | m A                                     | 5 South                                           | Duncan          | Street                                   |                | altimor              | e City             | va leastion)                         | 00               | township       |
|           |                                         | . 72 1                                            |                 |                                          | Mos.           |                      | 4.                 | 67.4                                 |                  |                |
| -         | Length of stay                          | OLOR OF RACE                                      | Life            | MARRIER                                  | Days   15      |                      | Duncan             |                                      | Index 1 Vans 1 1 | Under 24 Hours |
| Э.        | SEA O.                                  | COLOR OF RACE                                     | WIDOW           | , MARRIED,<br>ED, DIVORCED (             | Specify) 8. DA | E OF BIRTH           | las                | E (In years   H U<br>t birthday) Mon | the Days H       | ours: Min.     |
|           | male C                                  | 01.                                               | Marr            | ied                                      | Jan            | .I.189I              | 5                  | 9                                    |                  |                |
| 10        | A. USUAL OCCU                           | PATION (Give kind of rking life, even if retired) | 10B. KIND       | OF BUSINESS                              | OR 11. BII     | RTHPLACE (SI         | tate or foreign co | ountry)                              | 12. CITIZEN      | OF             |
|           | Haborer                                 | and me, even n tenred)                            | 1 - 0           | meral                                    | Bn             | okincha              | m Virg             | inia I                               | U.S.A.           | COUNTRY        |
| 13        | FATHER'S NAM                            | 1E                                                | 1111 00         | MOTOT                                    | 14. MO         | THER'S MAI           |                    | 1414                                 | 3.0.0            |                |
|           | John                                    | Austin                                            |                 |                                          |                | Cidne                |                    | in                                   |                  |                |
|           | . WAS DECEASED E                        | EVER IN U. S. ARME                                |                 | 16. SOCIAL                               | 17. IN         | FORMANT              |                    |                                      | DRESS            |                |
| N         |                                         | (If yes, give war or date                         | es of service)  | 212 12 6                                 |                | er Anet              | in Th S            | . Duncar                             | (17)             |                |
| 17        |                                         |                                                   |                 |                                          |                |                      | 7111 10 0          | · Duncar                             |                  | L BETWEEN      |
|           | 18. 4/0                                 | X,                                                |                 | CAU                                      | USE OF DE      | EATH                 |                    | 4.40                                 |                  | AND DEATH      |
|           |                                         | OR CONDITION                                      |                 |                                          | A Bs           | 0                    |                    | -                                    | 0.000 at         |                |
|           |                                         | EADING TO DEA                                     |                 | (A)                                      | Miller         | al A oro             | the hu:            | sefficece                            | 4                |                |
| 1         | heart failure,                          | asthenia, etc. It mer<br>mplication which         | ans the diseas  | e,<br>DUE TO                             |                |                      |                    | 70                                   | 1 1              |                |
|           | mjury or eo                             | inplication which                                 | caused death    | ., 502 10                                |                |                      |                    | Land and                             |                  |                |
|           | AN                                      | ITECEDENT CAU                                     | SES             |                                          | Circle         |                      | u detorie          | marie de                             |                  |                |
| 5         | DISEASES                                | B CONDITIONS                                      | er ably come    | (B)                                      |                |                      |                    |                                      |                  |                |
| =         | RISE TO THE                             | R CONDITIONS,                                     | STATING TH      |                                          |                |                      |                    |                                      | 100              |                |
| 3         | UNDERLYIN                               | G CONDITION L                                     | AST.            |                                          |                |                      |                    |                                      |                  |                |
|           |                                         |                                                   |                 | (C) .                                    |                | TO TO SE             |                    |                                      |                  |                |
|           |                                         | 11                                                |                 |                                          |                |                      |                    |                                      |                  |                |
| T.        |                                         | NIFICANT COND<br>O THE DEATH, BUT                 |                 |                                          |                |                      |                    |                                      |                  |                |
| 3         | TO THE DISE                             | ASE OR CONDITION                                  | CAUSING I       | т                                        |                |                      |                    |                                      |                  |                |
| ı         | 19A. DATE OF                            | DPERATION 0                                       | 19B. MAJOR      | FINDINGS OF                              | OPERATION      |                      |                    |                                      |                  | TOPSY?         |
| 3         |                                         |                                                   |                 |                                          |                |                      |                    |                                      | YES L            | NOL            |
| FUE       | HOMICIDE (                              |                                                   |                 | CE OF INJURY<br>arm,factory,street,offic |                | JURY OCCUR           |                    | lltimore City, gi                    | ve exact loc     | ation)         |
| Σ         | D. TIME (Mo                             | onth) (Day) (Year                                 | (Hour)          | 21E. INJURY OC                           | CURRED 21      | F. HOW DID           | INJURY OCCL        | JR?                                  |                  |                |
|           | INJURY                                  |                                                   |                 | VHILE AT NOT                             | WHILE          |                      |                    |                                      | 71 -             |                |
|           | 00 77 .1                                |                                                   |                 |                                          | 10000          | , 1950               | to July            | 10 105                               | that I las       | 4 47           |
|           | ZZ. I hereby c                          | ertify that I at                                  | ienaea ine      | aeceasea jrom.                           |                |                      | ,                  | , 2000                               |                  |                |
|           |                                         | on July 1                                         | 2, 1950.        | and that aeath                           |                |                      | from the can       | ses and on the                       |                  |                |
|           | 23A. SIGNATUR                           |                                                   | R               | Vones                                    | 23B. AD        | The sa               | Clisa              | and I                                | 23c. DAT.        | SIGNED         |
| _         | A. DUDIAL CRE                           | HAL SAR DATE                                      | 21              | MANE OF SE                               | D.             | DEMATORY             | 24D LOCATI         | ON (City, town, o                    | or county)       | (State)        |
| TI        | 4A. BURIAL, CRE<br>ON, REMOVAL (Spec    | eify)                                             |                 | 24c. NAME OF CE                          |                | REMAIORI             |                    | V                                    |                  | (Deate)        |
|           | urial                                   |                                                   |                 | t Calver                                 |                |                      |                    | n A.A.C                              |                  |                |
|           | ATE RECEIVED E                          |                                                   | 'S SIGNATL      | RE                                       | 25 FL          | NERAL DIRE           | CTOR .             |                                      | ADDRESS.         | ta.            |
| -         | IIII O A                                | the state of the                                  | witor Mi        | Mianus Mill                              | X              | was B                | Wilson             | 11000                                | Bus              | MM             |
| 7         | UL 2.1.195                              | 0                                                 | 1               | 7.7                                      |                |                      | 10                 | +                                    |                  | 1              |
|           | VS 150.00                               |                                                   | 0               | Andrew .                                 | 9700           | 20 4 0               |                    |                                      | 923              | V              |



## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MATTHEW TOSEPH ALEXANDER DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution residence & COUNTY A. STATE A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write BURAL and give INSTITUTION township (If rural, give location) Yrs. WIOS. c. Length of stay in Baltimore Dave 5. SEX If ilnder 1 Year 6. COLOR OR RACE last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Doubles tocus 13, FATHER'S NAME 15. WAS DECEASED WER IN U. S. ARMED FORCES 16. SOCIAL ADDRESS (Yes, no or nnknown) (If yes, give war or detes of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY arcinoma of lives & fa LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 5-24-50 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY 21c. WHERE DID ( g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 6 -5 1 \_ 19 \_ , 19 50 that I last saw the \_, 19\_3A to\_\_\_ . 19\_50 and that death occurred at 10.100, m., from the causes and on the date stated above. deceased alive on 1 -23A SIGNATURE DATE RECEIVED BY REGISTRAR'S SIGNATURE mutuator / Musule, Mil

VS 150



50\_\_6384

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

|            | 50  | 6384 |
|------------|-----|------|
| Registered | No. |      |

| BIRTH NO.                                                               | II.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | 02:::::::::::::::::::::::::::::::::::::                            | 2 0. 52/111                            |                                   |                                        |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------|-----------------------------------|----------------------------------------|
| 1. NAME OF DE                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                    |                                        | 2. DATE                           | 03 3050                                |
|                                                                         | Eugene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Kenna                                                                                        | rd                                                                 |                                        |                                   | y 21, 1950                             |
|                                                                         | ity, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | al on in-ele                                                                                 | tion, give street address or                                       | 4. USUAL RESIDENCE (WA. STATE Maryland | Where deceased lived, I           | before admission)                      |
| HOSPITAL OR                                                             | Baltimora C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | itv H                                                                                        | ospital docation)                                                  | c. CITY OR TOWN (If                    | outside corporate limi            | ts, write RURAL and give               |
| INSTITUTION                                                             | 4940 Easter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n Ava                                                                                        | ทาเล                                                               | Baltimore                              | 50                                | township)                              |
|                                                                         | 1040 203 401                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11 40.                                                                                       | Yrs.                                                               | D. STREET ADDRESS (If                  | rural, give location)             | 0.0                                    |
|                                                                         | tay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              | life Mos.                                                          | No Home                                | 2 Belmont A                       |                                        |
| Male                                                                    | 6.COLOR OR RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WIDOV<br>W1d                                                                                 | E. MARRIED,<br>VED, DIVORCED (Specify)<br>OWOO                     | Dec. 4, 1860                           | 9. AGE (In years last birthday) M | H Under 1 Year on this Days Hours Min. |
| orkdone during most of Ret. House                                       | CUPATION (Give kind of fworking life, even if retired)  Builder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 108. KIND                                                                                    | OF BUSINESS OR INDUSTRY                                            | 11. BIRTHPLACE (State or for           | oreign country)                   | 12. CITIZEN OF<br>WHAT COUNTRY?        |
| 13. FATHER'S N                                                          | AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                    | 14. MOTHER'S MAIDEN NA                 | AME                               |                                        |
|                                                                         | John Ke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nnard                                                                                        |                                                                    | Maria (                                | (Mariah)                          | Clark                                  |
| 15. WAS DECEASE                                                         | D EVER IN U. S. ARMET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FORCES?                                                                                      | I 16. SOCIAL                                                       | 17. INFORMANT Balt                     |                                   |                                        |
| Yes, no or uoknown)                                                     | (If yes, give war or date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of service)                                                                                  | SECURITY NO.                                                       | Records: 4940                          |                                   |                                        |
| heart failur injury or  DISEASES RISE TO TH UNDERLY  OTHER SI TRIBUTING | LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication with the complication of the complication of the death, but to the death, but the complication of the com | f dying, e. in the diseas aused death sees  F ANY, GIVIF STATING TI ST.  TIONS COINOT RELATI | Arteri  (B)  (C)                                                   | obral Vascular<br>.oscler⊕sis Ger      |                                   |                                        |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              | FINDINGS OF OPER                                                   | ATION                                  |                                   | YES NO                                 |
|                                                                         | ENT WAS UNDER-<br>R CONTRIBUTING DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              | ACE OF INJURY (e. g., ic<br>farm, factory, street, office bldg., e |                                        | If in Baltimore City,             |                                        |
| 21D. TIME (                                                             | Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | 21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK                | 21F. HOW DID INJURY                    | Y OCCUR?                          |                                        |
| 22. I herchy                                                            | y certify that I att                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ended the                                                                                    | deceased from 4-                                                   | -3- , 1939, to 7                       | 7-21, 19.5                        | Othat I last saw the                   |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                    | red at 8 A m., from t                  |                                   |                                        |
| 23A. SIGNAT                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | //                                                                                           | 2                                                                  | 38. ADDRESS                            |                                   | 23c. DATE SIGNED                       |
|                                                                         | UA. C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                                                                            | Te22 M.D.                                                          | 1941) Eastonn Ar                       | tenue                             | 7-21-50                                |
| 24A. BURIAL. C                                                          | pecify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              | 24c. NAME OF CEMETE                                                | RY OR CREMATORY 24D. L                 | OCATION (City, town               | n, or county) (State)                  |
| burial                                                                  | 7/24/50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | New Cathedr                                                        | al                                     | Baltimore                         | Maryland                               |
| DATE RECEIVED                                                           | BY   REGISTRAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                    | 25. FUNERAL DIRECTOR                   | 217 St. Paul                      | ADDRESS                                |
| VS 150                                                                  | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                    | 4                                      |                                   |                                        |
| V3 130                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              | · (2) 300. 9                                                       |                                        |                                   | ×3a                                    |

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Charles William Streett OF DEATH July 20, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAD and erve 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 1246 Sargent Street Days 6. COLOR DR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years | ff Under 1 Year | ff Under 24 Hours | last birthday) | Months; Days | Hours | Min. Male White idowed Oct. 16. 10A. USUAL OCCUPATION (Give kind of II. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Elined Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (D) agilia O, Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) Baltimore City PHOSpitals 16. SOCIAL SECURITY NO. Records: 4940 Eastern A venue 214-01-9797 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Cardiac Arrest heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Carcinomatosis-Liver, Skin and Lymph DUE To Nodes, secondary to Carcinoma of Stomach DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION " 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 1950 Obstruction due to Carcinoma of Stomach 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! 22. I hereby eertify that I attended the deceased from July 13, 1950 to July 20, 19 5,0 hat I last saw the deceased alive on July 2019 50, and that death occurred at 10:05%, from the causes and on the date stated above. 23A. SIGNATURE 23B ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue July 20, 195 24A. BURIAL, CHEMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 248, DATE unial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

CHEST BATE-IN A SECOND OF PERSONS AS (40-5) Bandada V. W. Walker THE PARTY OF THE P The state of the s a profit to the transfer of the

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## BALTIMORE CITY HEALTH DEPARTMENT

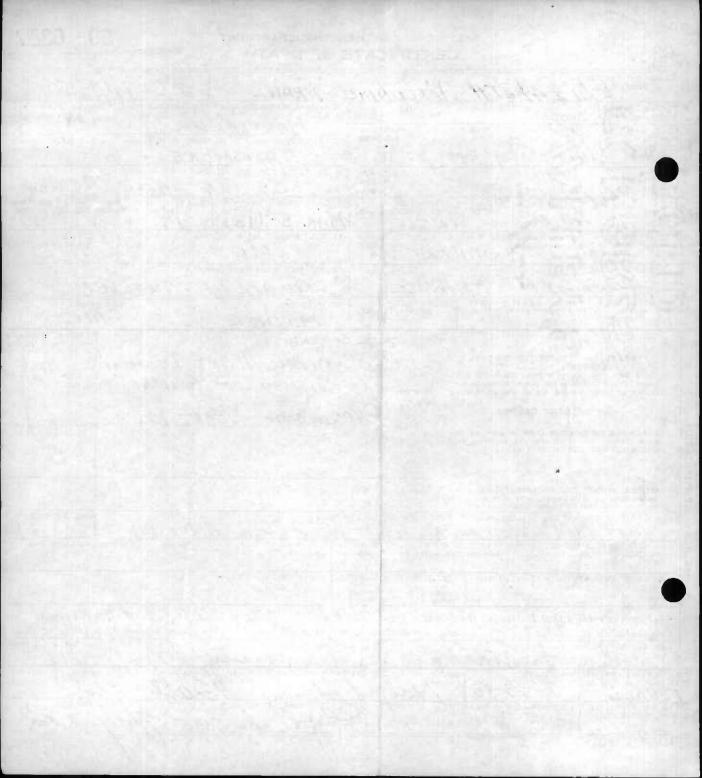
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| CERTIFICAT                                                                                                | E OF DEATH                                                                                         |                |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------|
| RTH NO.                                                                                                   |                                                                                                    |                |
| ype or Print) ELIZEBETH GI                                                                                | RALESKA OF 7-19-50                                                                                 |                |
| PLACE OF DEATH:<br>Baltimore City, Maryland                                                               | 4. USUAL RESIDENCE (Where deceased lived, If institution: reside:  A. STATE  B. COUNTY  before adm |                |
| FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)              |                                                                                                    |                |
| ISTITUTION O -                                                                                            | town                                                                                               | nd gi<br>wnshi |
| 3013 Cheslerfield AVE                                                                                     | o. STREET ADDRESS (If rural, give location)                                                        |                |
| Length of stay in Baltimore 55 Mos.                                                                       | 3-12 PI T-1:11 AUS                                                                                 |                |
| SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,                                                                  | 8. DATE OF BIRTH 9. AGE (In Years   Winder   Year   H Under                                        |                |
| F WIDOWED, DIVORCED (Specify)                                                                             | 10-4-1888 62 61 Months Days Rours                                                                  | 10,11          |
| DA. USUAL OCCUPATION (Give kind of LOB. KIND OF BUSINESS OR INDUSTRY                                      | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU                                  | NTR            |
| Housewife                                                                                                 | POLAND USA                                                                                         | 1411           |
| B. FATHER'S NAME                                                                                          | 14. MOTHER'S MAIDEN NAME                                                                           |                |
| UNKNOWN                                                                                                   | UNKNOWN                                                                                            |                |
| b. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.                                       | 17. INFORMANT ADDRESS                                                                              |                |
|                                                                                                           | HELENA LULTY 3013 Chesters                                                                         | ul             |
| 18. 443 X 1 CAUSE                                                                                         | OF DEATH INTERVAL BE ONSET AND                                                                     | OEAT           |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH                                                            | 2 /202 201 2                                                                                       |                |
| (This does not mean the mode of dying, e.g.,                                                              | would require the same                                                                             |                |
| heart failure, asthenia, etc. It means the disease,<br>injury or complication which caused death.) DUE TO |                                                                                                    |                |
| ANTECEDENT CAUSES                                                                                         | 1 / . 0 . 1/. 0                                                                                    |                |
| (8)                                                                                                       | Wensend Colles - Vagante                                                                           |                |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO                     | Disent                                                                                             | 1              |
| UNDERLYING CONDITION LAST.                                                                                |                                                                                                    |                |
| (0)                                                                                                       |                                                                                                    |                |
| OTHER SIGNIFICANT CONDITIONS CON-                                                                         |                                                                                                    |                |
| TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                           |                                                                                                    |                |
| 194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER                                                      | RATION   20. AUTOF                                                                                 | SY?            |
|                                                                                                           | YES                                                                                                | NO E           |
| 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,           |                                                                                                    | n)             |
| CAUSE OF DEATH                                                                                            |                                                                                                    |                |
| TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR                                                       |                                                                                                    |                |
| m. WHILE AT NOT WHILE                                                                                     |                                                                                                    |                |
| 22. I hereby certify that I attended the deceased from.                                                   | July 11, 1950 to July /8, 100, that I last so                                                      | aw t           |
| deceased alive on July 18, 195 B. and that death occur                                                    | rred a 3. A. m., from the casses and on the date stated of                                         |                |
| 234. SIGNATURE                                                                                            | 238. ADDRESS                                                                                       |                |
| 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE                                                          |                                                                                                    | State          |
| ON, REMOVAL (Specify)                                                                                     | sy German Hell Rd.                                                                                 |                |
| ATE RECEIVED BY REGISTRAR'S SIGNATURE                                                                     | 26. FUNERAL DIRECTOR ADDRESS                                                                       |                |
| GAL REGISTON Thurtington Williams, Mate                                                                   | Charles F. Still 1501 6. Forthe                                                                    |                |
|                                                                                                           |                                                                                                    | R.             |

DATE RECEIVED BY

7 1436 ELLERISK STERNALESKA LIM THE STATE OF THE S SOL PERONOUS LOS 10-4 1123 63 be water at the - bundon Bly was costy 12.33 DOWNERS WILL ordered Lotte Son Charles Little County County THE PARTY OF MALE The American South Street Land

| 6           | 52                                                                                                                                                                                                                                                                     |                                                                 |               |                                                         |                            |                                  |                  |                                |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------|---------------------------------------------------------|----------------------------|----------------------------------|------------------|--------------------------------|
| ВІ          | 6387<br>RTH NO.                                                                                                                                                                                                                                                        |                                                                 |               |                                                         | EALTH DEPARTMENT           | Registered                       | 50<br>No.        | 6387                           |
|             | NAME OF E                                                                                                                                                                                                                                                              | ELIZAR                                                          | eTH           | Tosephin                                                | e FRANZ                    | 2. DATE<br>OF<br>DEATH 7         | /19/             | 50                             |
|             | Baltimore                                                                                                                                                                                                                                                              | City, Maryland                                                  | 7             | <i></i>                                                 | 4. USUAL RESIDENCE (V      | Where deceased lived.  B. COUNTY | f institution    | residence<br>fre admission)    |
| H           | FULL NAME<br>DSPITAL OR<br>ISTITUTION                                                                                                                                                                                                                                  | / /                                                             |               | on, give street address of location                     |                            | f outside corporate lim          | its, write Ri    | URAL and give<br>township)     |
| _           |                                                                                                                                                                                                                                                                        | UNIVERSIT                                                       | LA M          | OSP. Yrs.                                               | D. STREET ADDRESS (If      | rural, give location)            | 6                |                                |
| c.          | Length of                                                                                                                                                                                                                                                              | stay in Baltimore                                               |               | Mos.<br>Days                                            | 4200 /                     | A SALLE                          | = Au             | E.                             |
|             | F.                                                                                                                                                                                                                                                                     | 6.COLOR OR RACE                                                 | S             | MARRIED,<br>ED, DIVORCED (Specify<br>INGLE              | MAR. 8-1933                | 9. AGE (In years last birthday)  |                  | H Under 24 Hours<br>Hours Min. |
|             |                                                                                                                                                                                                                                                                        | CCUPATION (Give kind of of working life, even if retired)       | STUE          | OF BUSINESS OR INDUSTRY                                 | 11. BIRTHPLACE (State or f | oreign country)                  | 12. CITI:<br>WHA | ZEN OF<br>NT COUNTRY!          |
| 13          | FATHER'S                                                                                                                                                                                                                                                               | DARD H                                                          | E             | 000                                                     | 14. MOTHER'S MAIDEN N      |                                  | 4 = 10           |                                |
| 15          | . WAS DECEAS                                                                                                                                                                                                                                                           | ED EVER IN U. S. ARMEI                                          | FORCES?       | 16. SOCIAL                                              | 17. INFORMANT              | 4 MUEL                           | ADDRESS          |                                |
| (Ye         | e, no or unknown)                                                                                                                                                                                                                                                      | (If yes, give war or date                                       | s of service) | SECURITY NO.                                            | MOTHER                     |                                  | JAMO             | _                              |
| RTIFICATION |                                                                                                                                                                                                                                                                        |                                                                 |               |                                                         |                            |                                  |                  | 17 yes                         |
| CE          | TO THE                                                                                                                                                                                                                                                                 | G TO THE DEATH, BUT<br>DISEASE OR CONDITION<br>OF OPERATION / 1 | CAUSING I     | Γ                                                       | RATION                     |                                  | 20.              | AUTOPSY?                       |
| SAL         | 7/1                                                                                                                                                                                                                                                                    | 9/50                                                            | ONGEN.        | ITAL HEART                                              | Dis. E Rheum. 1            | HEART DIS.                       | YES              | O No K                         |
| EDIC        | HOMICIDE                                                                                                                                                                                                                                                               | (Specify)                                                       |               | CE OF INJURY (e. g.,<br>arm,factory,street,office bldg. |                            | If in Baltimore City             | give exact       | location)                      |
| M           | ID. TIME                                                                                                                                                                                                                                                               | (Month) (Day) (Year                                             |               | VHILE AT NOT WHILE WORK AT WORK                         |                            | Y OCCUR?                         |                  |                                |
|             | 22. I hereby certify that I attended the deceased from 7/16/50, 1950 to 7/19, 1950 that I last saw the deceased alive on 7/19, 1950, and that death occurred at 2:00 m., from the causes and on the date stated above.  25A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED |                                                                 |               |                                                         |                            |                                  |                  |                                |
| 2           | 4A. BURIAL.                                                                                                                                                                                                                                                            | CREMA- 24B. DATE<br>Specify)                                    | 2:60          | 24c, NAME OF CEMET                                      | ERY OR CREMATORY 24D.      | OCATION (Fity, tow               | n, or county     | (State)                        |
|             | ATE RECEIVE<br>OCAL REGIS                                                                                                                                                                                                                                              |                                                                 | 0 - 18.7.11   | 4 4 100                                                 | 25 JUNERAL DIRECTOR        | 30 - N                           | ADDRES           | 55                             |
| -           | HL 255                                                                                                                                                                                                                                                                 | 950                                                             |               |                                                         | 4 3 8 6                    | 1                                | 15               | 7E                             |



BIRTH NO

50 6388 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Edward McCullum July 11, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township! BRILLIA Sinai Hospital p. STREET ADDRESS (If rural, give location) Yrs. Mos. 1245 Willow Rd. # 22 c. Length of stay in Baltimore 2 days Davs 6. COLOR OR RACE! 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) July 8, 1950 Male 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William T. McCullum Vera May Senter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Hospital Records INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Trucker - Enghagen fistale congentil, post oper ative LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO Absent left Jung DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. tyle longental Rusmalis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION Trackerengchageal probaba & desouched 9-10-50 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (c. g., in or | about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE ATT NOT WHILE deceased alive on 7-11, 19 50 and that death occurred at 15m., from the causes and and least saw the 23A. SIGNATURE WORK Enai Hospital Baltimore 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BUNIAL, CREMA-TION, REMOVAL (Specify) JOHN HOPKINS MEDICAL SCHOOL JAJIL 14 1950 REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS until aton / Mealls, Mis

DATE RECEIVED BY LOCAL REGISTRAR

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DE WANTED AND

50 - 6389BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JAMES ROBERT MARSHALL OF JULY 20, 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 2127 WALBROOK AVENUE BALTIMORE D. STREET ADDRESS (If rural, give location) 2127 WALBROOK AVENUE c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. MALE FEB. 27, 1900 104 USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF City of Balto. STEAM FOREMAN WHAT COUNTRY BALTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CARRIE AGUSTUS MARSHALL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) LILLIE G. MARSHALL-2127 WALBROOK AV No INTERVAL BETWEEN H 20,0 CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY te Back. Endocarditis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WRILE AT NOT WHILE! AT WORK 20 19 50, that I last saw the 22. I hereby certify that I attended the deceased from July . 1956. to\_ deceased alive on July 16 , 19 50, and that death occurred at 4 A m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE

New Cathedral Cemetery BALTIMORE, MARYLAND 7-24-50 BURIAL

DATE RECEIVED BY 25 PONERAL DIRECTOR ADDRESS

LOCAL REGISTRAR

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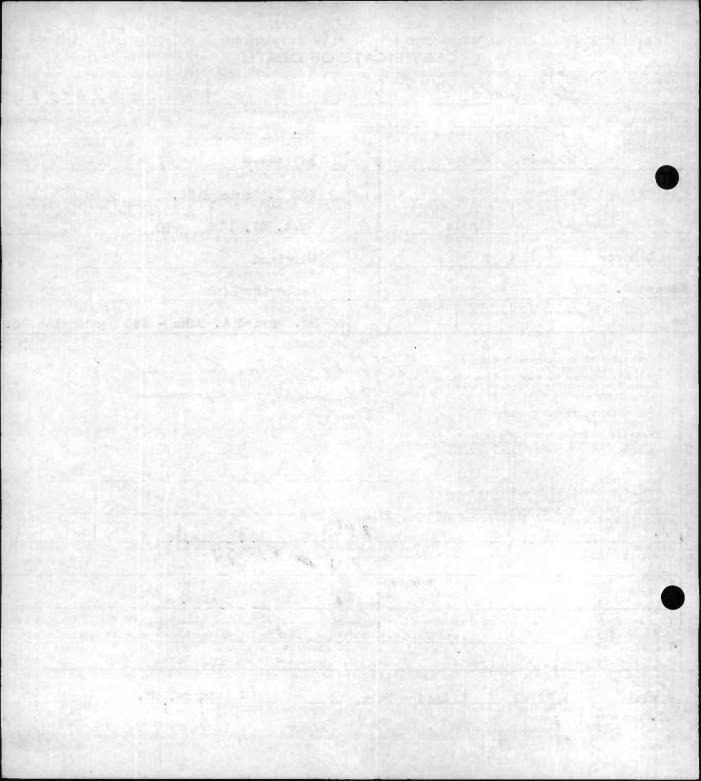
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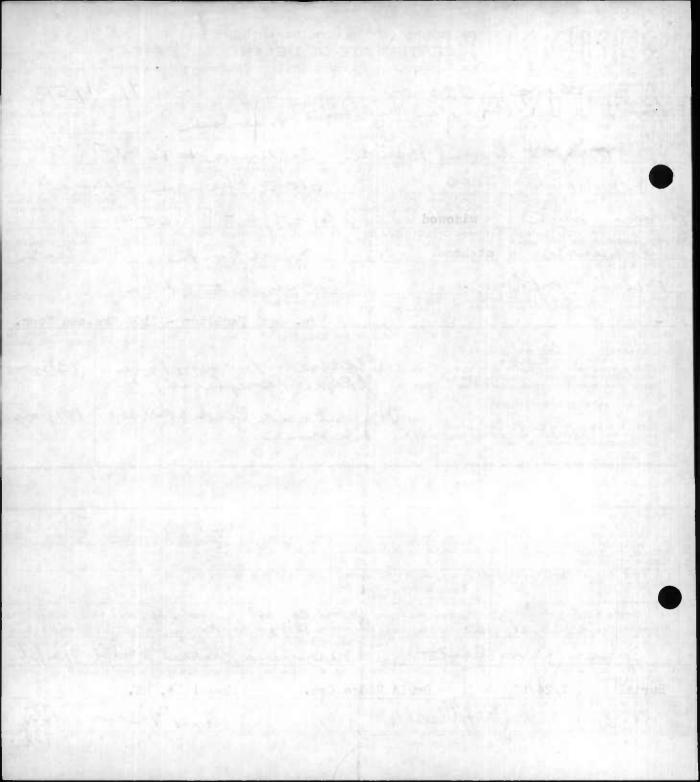
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ELANA S. HAHN

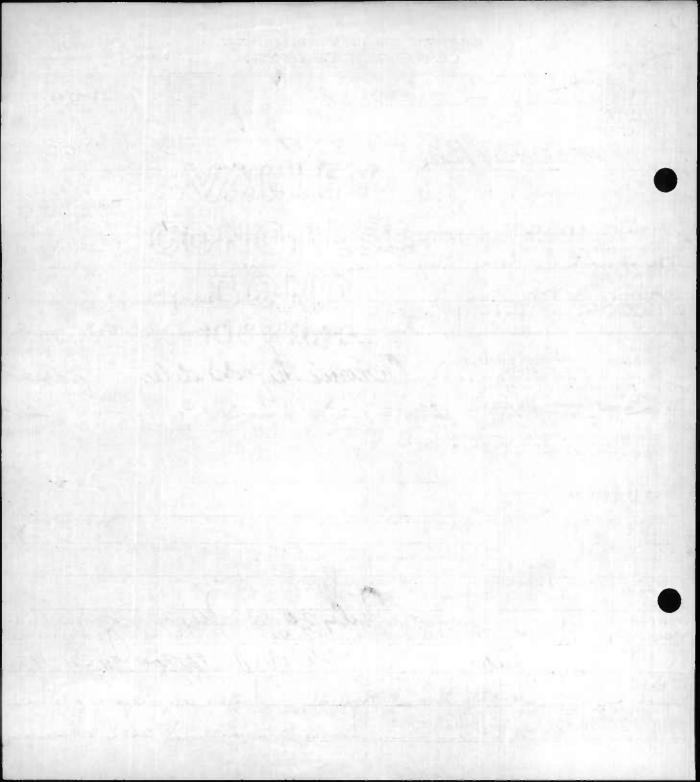
BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md . B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH Single Sept. 27, 1899 10A. USUAL OCCUPATION (Givehindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Laborer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward J. Hahn Katherine Link 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. no Mr. Edward A. Hahn - 840 Woodington Rd. 002 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., in or 2Ic. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK , 1950, to 7.20 , 1950, that I last saw the -/6 22. I hereby certify that I attended the deceased from. deceased alive on 7.7.0 . 195 and that death occurred at 10 A m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED 1.21.50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) 24B. DATE Baltimore, Md. Burial 7/22/50 Loudon Park DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRES'S 25. FUNERAL DIRECTOR LOCAL REGISTRAR



| 50 6391                                                                                          | BALTIMORE CITY HE                                |                              | Registered No.                        | 6391                                     |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------|---------------------------------------|------------------------------------------|
| BIRTH NO.                                                                                        | CERTIFICATI                                      | E OF DEATH                   |                                       |                                          |
| 1. NAME OF DECEASED (Type or Print) ES ma                                                        | Brown                                            |                              | 2. DATE.<br>OF<br>DEATH 7/2           | 1/50                                     |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland                                                   | 1 aryland General                                | 4. USUAL RESIDENCE (W.       | here deceased lived. If ins           | titution : residence<br>before admission |
| B. FULL NAME OF (If not in hospital or HOSPITAL OR                                               | institution, give street address or location)    | C. CITY OR TOWN (If          | nd line                               | -14 DYIDAR X                             |
| INSTITUTION Manufact &                                                                           | engral Hospital                                  | Baltimore                    | outside corporate limits, w           | township                                 |
| 7,000                                                                                            | Yrs.                                             | D. STREET ADDRESS (If r      |                                       | 1.                                       |
| c. 1. gth of stay in Baltimore                                                                   | Life Mos. Days                                   | 3105 Che                     | losa Tur                              | race                                     |
| 5. SEX   6. COLOR OR RACE   7.                                                                   | SINGLE, MARRIED,                                 | 8. DATE OF BIRTH             | 9. AGE (In years   # Und              | er 1 Year   If Under 24 Hours            |
| Jemile white                                                                                     | WIDOWED, DIVORCED (Specify) Widowed              | 6/27/85                      | last birthday) Month                  | Bays Hours Min.                          |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)      | B. KIND OF BUSINESS OR INDUSTRY                  | 11. BIRTHPLACE (State or for |                                       | CITIZEN OF                               |
| ()                                                                                               | at home                                          | marylan                      | 2.                                    | WHAT COUNTRY                             |
| 13. FATHER'S NAME                                                                                |                                                  | 14. MOTHER'S MANDEN NA       | ME                                    |                                          |
| Josiah anthon                                                                                    | y.                                               | maryanet                     | - Loure                               |                                          |
| 15 WAS DECEASED EVER IN U. S. ARMED FOI<br>(Yes, no or unknown) (If yes, give war or dates of se | 16. SOCIAL<br>SECURITY NO.                       | 17. INFORMAN∯                | ADD                                   | RESS                                     |
|                                                                                                  |                                                  | Mrs. Carl Hamil              | ton - 3105 Che                        | elsea Terr.                              |
| 18. 443 X 1                                                                                      | CAUSE                                            | OF DEATH                     |                                       | INTERVAL BETWEEN                         |
| DISEASE OR CONDITION DIR                                                                         | ECTLY                                            |                              |                                       | - 1/ 1                                   |
| (This does not mean the mode of dy<br>heart failure, asthenia, etc. It means th                  | ing, e. g., (A) CO                               | That nam                     | romhage                               | 13/2 hours                               |
| injury or complication which cause                                                               | d death.) DUE TO                                 | erbal harm                   | igia)                                 |                                          |
| ANTECEDENT CAUSES                                                                                |                                                  |                              |                                       |                                          |
| O DISEASES OR CONDITIONS, IF AN                                                                  | Y GIVING                                         | rtensia Con                  | of o published                        | 10spans                                  |
| RISE TO THE ABOVE CAUSE (A) STA                                                                  |                                                  | ustone                       |                                       | /                                        |
| 0                                                                                                | (C)                                              |                              | ************************************* |                                          |
|                                                                                                  |                                                  |                              |                                       |                                          |
| OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT                                      |                                                  |                              |                                       |                                          |
| TO THE DISEASE OR CONDITION CAL                                                                  | JSING IT.                                        |                              |                                       | 1                                        |
|                                                                                                  | MAJOR FINDINGS OF OPER                           | ATION                        |                                       | 20. AUTOPSY?                             |
| 21A. ACCIDENT WAS UNDER-                                                                         | IB. PLACE OF INJURY (e. g., in                   | o or 21c. WHERE DID (If      | in Baltimore City, give               | YES NO exact location)                   |
| W CAUSE OF DEATH                                                                                 | out home, farm, factory, street, office bldg., e |                              |                                       |                                          |
| 210. TIME (Month) (Day) (Year) (Ho                                                               | ur)   21E. INJURY OCCURR                         | ED 21F. HOW DID INJURY       | OCCUR?                                |                                          |
| OF INJURY                                                                                        | WHILE AT NOT WHILE                               |                              |                                       |                                          |
| 32 I homehas consider that I attend                                                              | m.   WORK   AT WORK                              | ly 20, 1950/to               | Out 21 1000                           | hat I last and the                       |
| 22. I hereby certify that I attend deceased alive on July 21, 19                                 | 572 and that death orcu                          | red at 12:30 am from the     | e carses and on the                   | date stated above                        |
| 23A. SIGNATURE                                                                                   | O a AP a Valum 12                                | 3B. ADDRESS                  | 1 A 2                                 | and midia adolate                        |
| many u.                                                                                          | elife mos                                        | Maryland Gr                  | neral Hospila                         | 1/21/50                                  |
| 24A. BURIAL, CREMA-<br>TION, REMOVAL (Specify)                                                   | NV 248 NAME OF CEMETE                            | RY OR CREMATORY 240. LC      | CATION (City, town, or                | county) (State)                          |
| Burial 7/24/50                                                                                   | Druid Ridge                                      |                              | ville, Md.                            |                                          |
| DATE RECEIVED BY REGISTRAR'S SI                                                                  | VIII                                             | 25. FUNERAL DIRECTOR         | 01.1/2                                | DDRESS                                   |
| 1111 2 1 1950 military                                                                           | m / Income / 100                                 | Jm. J. Jul                   | ener V Im                             | - Variety                                |
| VS 150                                                                                           | a the same with                                  |                              |                                       | 1100 :                                   |



1844 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) charles -21-50 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in homital or institution, give street address or location) B. FULL NAME OF HOSFITAL OR (If outside corporate limits, while RVRAL and give C. CITY OR TOWN INSTITUTION township) Olyman Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 10 yes Days 7. SINGLE, MARRIED. (Specify) 6. COLOR OR RACE 8. DATE OF AGE (In years | 1 Under | Year | 11 Under 24 Hours last birthday) | Months; Days | Hours | Min. White 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Que Merchant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Navid ms avenas 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or ) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK . 19 Schat I last saw the 22. I hereby certify that I attended the deceased from\_ 1352, and that death/occurred at 2.30m., from the causes and on the date stated above. deceased Nive on\_ 230. DATE SIGNED 23A. SIGNATURE M. D BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, toryn, or county) HON, REMOVAL (Specify -24-50 Dreens REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS Theutie after / Williams, Mill VS 150 2906



| 522                                             |                                                           |                                                               |                                               |                                      |                                |                                  |
|-------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|--------------------------------------|--------------------------------|----------------------------------|
| 0 639<br>BIRTH NO.                              | 3                                                         | BALTIMORE CITY HE CERTIFICATE                                 |                                               | Registered                           | 50 E                           | 6393                             |
| 1. NAME OF D<br>(Type or Print)                 | Henrietta                                                 | L. Langgood                                                   |                                               | 2. DATE<br>OF<br>DEATH JUL           | y 21, 19                       | 950                              |
| 3. PLACE OF E<br>A. Baltimore (<br>B. FULL NAME | City, Maryland                                            | al or institution, give street address or                     | 4. USUAL RESIDENCE (VA. STATE                 | Where deceased lived. I<br>B. COUNTY | If institution:                |                                  |
| HOSPITAL OR                                     |                                                           | location)                                                     |                                               | f outside corporate lim              | its, write RU                  | RAL and give                     |
|                                                 | stay in Baltimore                                         | Yrs.<br>Mos.<br>Days                                          | D. STREET ADDRESS (If                         | rural, give location) Street         |                                |                                  |
| female                                          | 6.COLOR OR RACE                                           | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED (Specify)<br>Widowed | Nov. 2, 1867                                  | 9. AGE (In years last birthday)      | If Under 1 Year<br>Ionths Days | H Under 24 Hours<br>Hours : Min. |
| IOA. USUAL OC<br>ork dooeduriog most<br>housev  | CCUPATION (Give kind of of working life, evec if retired) | 108. KIND OF BUSINESS OR INDUSTRY                             | 11. BIRTHPLACE (State or for Philadelphia, Pe |                                      | 12. CITIZE<br>WHAT             | EN OF<br>COUNTRY                 |

13. FATHER'S NAME Henry Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoowo) (If yes, give wer or dates of service)

CAUSE OF DEATH

17. INFORMANT

14. MOTHER'S MAIDEN NAME Katherine Gushenhofer

ADDRESS

Mrs. Rena Grove, 1139 W. Cross Street

18. DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

2 Ic. WHERE DID

INJURY OCCUR?

20. AUTOPSY

NTERVAL BETWEEN ONSET AND DEATH

MEDICAL

no

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., io or ebout home, farm, factory, street, office bldg., etc.)

16. SOCIAL

SECURITY NO.

(If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

2 IE. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour) NJURY

WHILE AT NOT WHILE WORK

22. I hereby certify that I attended the deceased from\_

23B. ADDRESS

deceased alive on 7- 20 23 SIGNATURE P.

1950 to 7.21

1950 and that death occurred at 3:36 Am., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY Loudon Park

240. LOCATION (City, town, or county) Baltimore,

Maryland

1950, that I last saw the

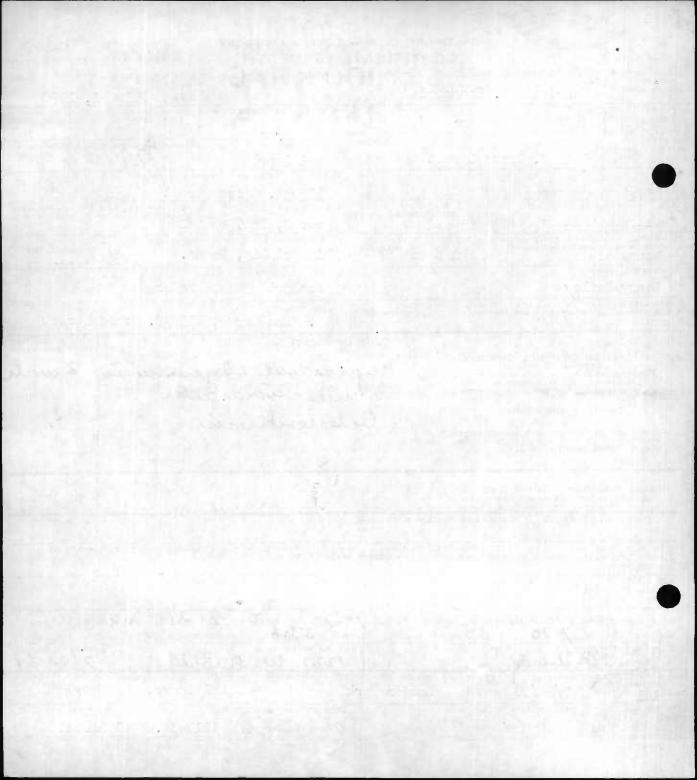
burial DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE waiter woon Willi

25. FUNERAL DIRECTOR

ADDRESS E. Q. 1217 St. Paul Street

VS 150

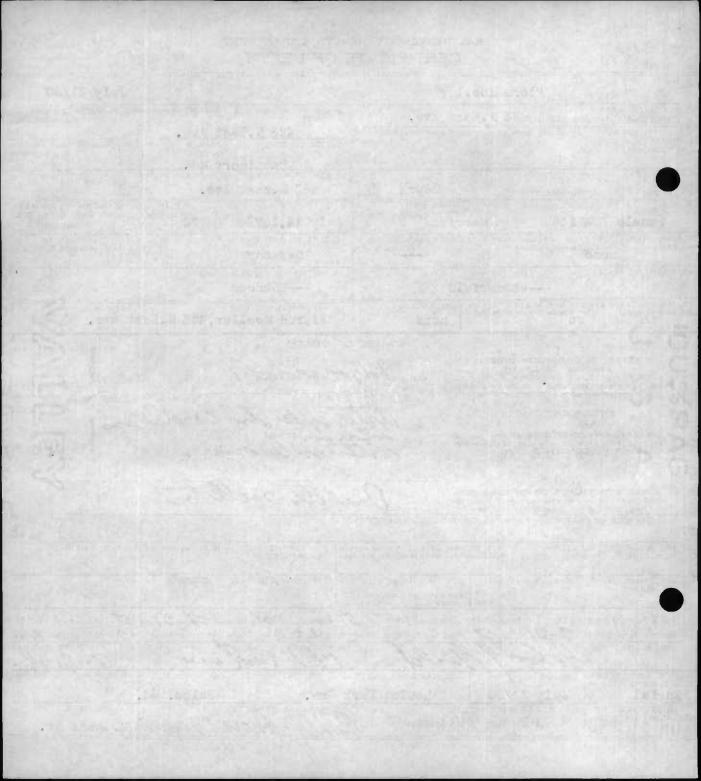


CERTIFICATE CORREC Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF MESSMER WILLIAM J. July 20. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Marvland HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) University Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 414 W. Fayette Street eth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | f Under 1 Year | ft Under 24 Hours | Months Days | Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) male white single July 16. 1881 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF Fayette Hotel ork done during most of working life, even if retired) WHAT COUNTRY? Baltimore, Maryland U. Dona 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles W. Mesner Caroline E. Silverzhan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 7-01-1925 no Mrs. Florence E. Walter CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \, accident □, suicide □, homicide □, undetermined □. 238. CHIEF MEDICAL EXAMINER ..... ] 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR .. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore burial Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Nm. Cook, me 1217 St. Paul 771331 V S 151

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6395

Registered No. 1. NAME OF DECEASED 2. DATE July 21/50 (Type or Print) Flora Moeller OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A Baltimore City, Maryland 423 N. East Ave. B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 423 N. East Ave. HOSPITAL OR location (If outside corporate limits, write RUKAL and give INSTITUTION Baltimore Md. Yrs. D. STREET ADDRESS (If rural, give location Mos. 423 N.east Ave. 26vrs c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 5. SEX 9. AGE (In years | If Under I Year | If Under 24 Hours | Months Days | Hoors Min. 6. COLOR OF RACE 8. DATE OF BIRTH Female White July 14,1878 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ---Bauerfeld ---Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) none NO. Alfred Moeller, 423 N. East Ave. no no INTERVAL RETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. morder the Carolio raz injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Quebelle mellitus OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21c, WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK . 1957, to\_\_\_ 7-21, 1957, that I last saw the 5-1-22. I hereby certify that I attended the deceased from\_ . 1957 and that death occurred at 1 2 Am., from the causes and on the date stated above. deceased alive on 7-2/ 23A SIGNATURE 238, ADDRESS 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY I 24B. DATE Burial July 24/50 Loudon Park Cem. Balto. Md. 25. BUNGRAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Theretie often Williams Mills 2024 Orleans St.



### BALTIMORE

TH DEPARTMENT

50 6396

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF rtora DEATH . 3. PLACE OF DEATH: 4. USJAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION lownship) Yrs. D. STREET ADDRESS (If-rural, give location) Mos. igth of stay in Baltimore Days If Under I Year 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. DATE OF BIRTH 9. AGE (In years If Under I Year I Under 24 Hours I last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) 12. CITIZEN OF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME haurence 70 Y C , CI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of cervice) 6. SOCIAL ADDRESS CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) .... rheunotic heart disease Michigan LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES acute pheumatic DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONarterio-selerorio luggistino un TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK 1940 . 19 Vo that I last saw the 22. I hereby certify that I attended the deceased from. -, 19V O m., from the causes and on the date stated above. .. and that death occurred at\_ deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1/21/10. 24c. NAME OF CEMETERY OR CREMATORY

VS 150

24A, BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

24B. DATE

24-20

Thurste woon / Villands, Mil

redeemer

25 FUNERAL DIRECTOR

ADDRESS

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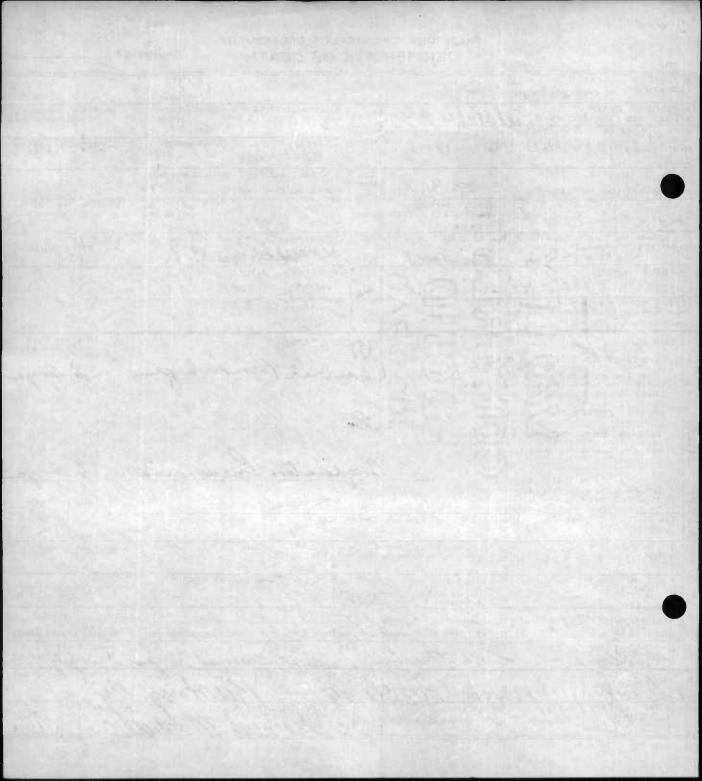
Registered No. BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) MARMADUKE JULY 21, 1950 TILDEN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland / A. STATE B. COUNTY before admission) MD B. FULL NAME OF (If not in hospital or institution, give street address or BALTO. location) C. CITY OR TOWN (If outside corporate limits, with RURAL and give INSTITUTION () N/ON MEMORIAL HOSPITAL township) BALTIMORE Yrs. p. STREET ADDRESS (If rural, give location) Mos. BALTO. igth of stay in Baltimore WARRINGTON APTS 18 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | Winder I Year | Winder 24 Hours last birthday) | Months: Days | Hours | Min. WHITE NOV. MALE 6, 1873 WIDOWED 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY RETIRED USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARMADUKE TILDEN MARY BROADLEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. UNKNOWN NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. aspiration Incum 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION YES WO (If in Baltimore City, give exact location) 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from July 19 1950 to July 21, 1950, that I last saw the deceased alive on Ny 21, 1950, and that death occurred at 9:50 Am., from the causes and on the date stated above, 23c. DATE SIGNED Lutheily, D. remoria 24A. BURIAL, CREMA- 24B. DATE LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATOR

FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE



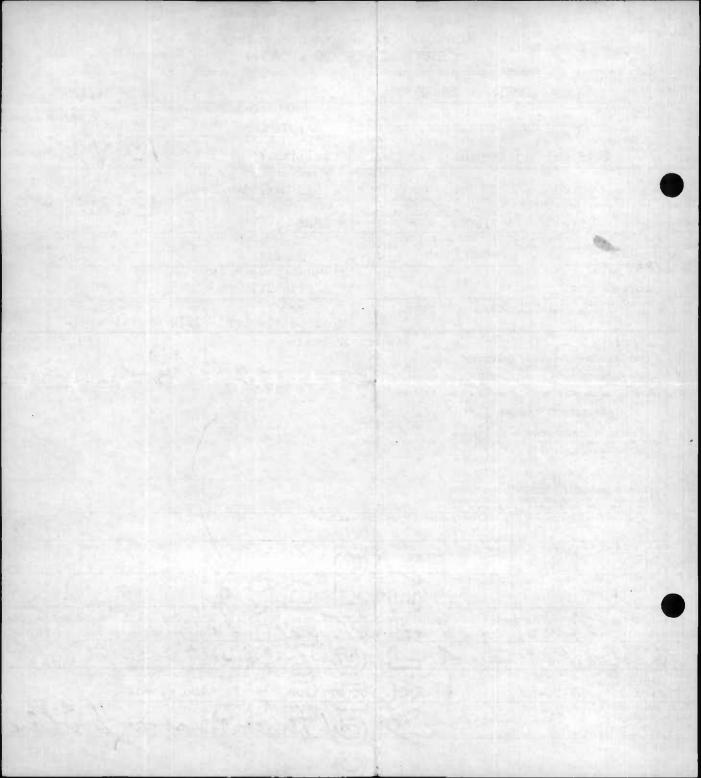
| 1500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 50 6398                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BALTIMOR |
| BIRTH NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CER      |
| 1. NAME OF DECEASED (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | y Hahn   |
| 3. PLACE OF DEATH:  A. Baltimore City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| B. FULL NAME OF (If not in hospital OR INSTITUTION Luthern Hospital Control of the control of th |          |

| 0 6398 C                                                                                                                                                                                                                                                                                                                                                                  |                                                        | E OF DEATH                                 | Registered N                            | 0                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|
| 1. NAME OF DECEASED (Type or Print)  Putty Han                                                                                                                                                                                                                                                                                                                            | kn                                                     |                                            | 2. DATE<br>OF July                      | 20,1950                                                             |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland                                                                                                                                                                                                                                                                                                                         |                                                        | 4. USUAL RESIDENCE (V<br>A. STATE Maryland | There deceased lived, If in             | stitution : residence<br>before admission)                          |
| B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR LUTHERN HOSPITAL OF                                                                                                                                                                                                                                                                                       | location)                                              |                                            | outside cornerate limits                | wyfteRERAL and give township)                                       |
| congth of stay in Baltimore                                                                                                                                                                                                                                                                                                                                               | Yrs.<br>Mos.<br>Days                                   | 3601 Roberts P                             |                                         |                                                                     |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, WILDOWSE WILDOWS                                                                                                                                                                                                                                                                                                                       | MARRIED,<br>), DIVORCED (Specify)                      | Jan. 14,1883                               | 9. AGE (In years littlest birthday) Mon | ths Days Hours Min.                                                 |
| or Confrontion (Give kind of 108. KIND o                                                                                                                                                                                                                                                                                                                                  | F BUSINESS OR<br>1005TRY                               | 11. BIRTHPLACE (State or for Germany       | preign country)                         | USA.                                                                |
| 13. FATHER'S NAME Forcheimer                                                                                                                                                                                                                                                                                                                                              |                                                        | 14. MOTHER'S MAIDEN N                      | AME                                     | Mark and                                                            |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uokoown) (If yes, give war or dates of service)                                                                                                                                                                                                                                                                   | 6. SOCIAL<br>SECURITY NO.                              | Mrs Hilda Pollac                           | k 3601 Rober                            | ts Place                                                            |
| LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED |                                                        | enin (andrie                               |                                         |                                                                     |
| TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                   | INDINGS OF OPER                                        | ATION                                      |                                         | 20. AUTOPSY?                                                        |
|                                                                                                                                                                                                                                                                                                                                                                           | OF INJURY (e. g., in, factory, street, office bldg., e | n or 2 IC. WHERE DID (1)                   | f in Baltimere City, gi                 | ve exact location)                                                  |
| OF INJURY WHI                                                                                                                                                                                                                                                                                                                                                             | E. INJURY OCCURRI                                      |                                            | OCCUR?                                  |                                                                     |
| 22. I hereby certify that I attended the de deceased alive on 7, 19, an 23A. SIGNATURE                                                                                                                                                                                                                                                                                    | d that death occur                                     | red at 12 pm., from t 3B. ADDRESS          |                                         | that I last saw the e date stated above.  23c. DATE SIGNED  7/20/50 |
|                                                                                                                                                                                                                                                                                                                                                                           | . NAME OF CEMETE                                       | RY OF CREMATORY   24D. L                   | OFATION (City, town, old limore Md      |                                                                     |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR                                                                                                                                                                                                                                                                                                                    |                                                        | 25. FUNERAL DIRECTOR                       | on Bus 1                                | V North du                                                          |
| VS 150                                                                                                                                                                                                                                                                                                                                                                    | 2906A                                                  | 7 6 3 9 7                                  |                                         | 937                                                                 |

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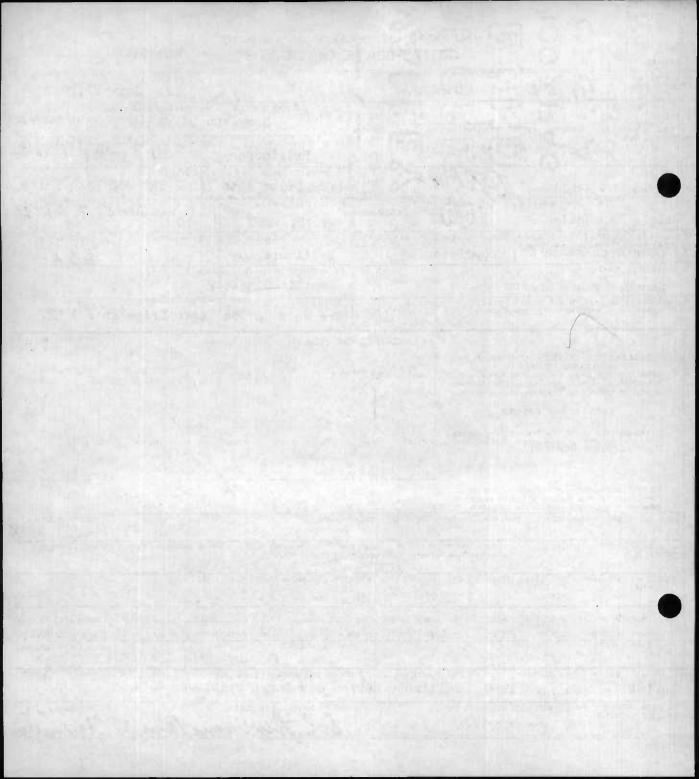
|  | officer and the second second |
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| 520<br>50 6399 BALTIMORE CITY HE<br>CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EALTH DEPARTMENT 50 6399 E OF DEATH Registered No.                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. NAME OF DECEASED (Type or Print) SOPHIE BANKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. DATE<br>OF<br>DEATH July 21,1950                                                                                                                                                      |
| S. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)  INSTITUTION  OAZO Chialana Annual Ann | A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)  Maryland C. CITY OR TOWN (If outside corporate in its write 14) D. L. and give |
| 2466 Shirley Avenue  Congth of stay in Baltimore 39 Yrs.  S. SEX [6. COLOR OR RACE   7. SINGLE, MARRIED.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D. STREET ADDRESS (If rural, give location)  3518 Overview Road  8. DATE OF BIRTH  9. AGE (In years   11 Under   Year   11 Under 24 Nous                                                 |
| remale White WIDOW W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1888 1 Sate Of Birth 1988 1 Sate birthday   Months Days Hours Min.                                                                                                                       |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife own home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Russia USA.                                                                                                      |
| Borach Fox                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14. MOTHER'S MAIDEN NAME Glotta ???                                                                                                                                                      |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn or unknnwn) (If yes, give war nr dates of service) SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mrs. Lottie Barr- 3518 Overview Rd.                                                                                                                                                      |
| DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | reinous of the Ranger 1/2 yr.                                                                                                                                                            |
| TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PATION 20. AUTOPSY?                                                                                                                                                                      |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) about hnme, farm, factory, street, office bldg., e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n or   21c. WHERE DID (If in Baltimore City, give exact location)                                                                                                                        |
| 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRION WHILE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 21, 1952 and that death occur 23 SIGNATORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                          |
| 24a. QURIAL, CREMA-<br>TION, REMOVAL (Specify)<br>Burial 7-23-50 Par Sinai Cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RY OR CREMATORY 24D. LOCATION (City, town or county) (State)                                                                                                                             |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  111 2 2 1950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sol. Glinson + Bros. W. North ane                                                                                                                                                        |
| VS 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47a-                                                                                                                                                                                     |



istered No. 6400

| BI       | RTH NO.                                                                                                                                         | ) i J                                                                                                   |                                          | CERTIFICATI                                                  | E OF DEATH                                | negistereu                        | 140            |                                |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------|----------------|--------------------------------|
|          | NAME OF D<br>ype or Print)                                                                                                                      |                                                                                                         | ter                                      | Gordon                                                       |                                           | 2. DATE<br>OF<br>DEATH Jul        | Ly 21,19       | 950                            |
| Α.       |                                                                                                                                                 | City, Maryland                                                                                          |                                          |                                                              | 4. USUAL RESIDENCE (WA. STATE Marylan     | here deceased lived. I            |                | residence<br>re admission)     |
| -} (     | DSPITAL OR                                                                                                                                      | Lake Drive Ap                                                                                           |                                          | ion, give street address or<br>location)                     | c. CITY OR TOWN (If Baltimore             | outside corporate limi            | its, writeskUI | RAL and give<br>township)      |
| c.       | Ogth of s                                                                                                                                       | tay in Baltimore                                                                                        | Life                                     | Yrs.<br>Mos.<br>Days                                         | Lake Drive Apts                           |                                   | 03 Lake        | Drive                          |
|          | sex<br>Male                                                                                                                                     | 6.COLOR OR RACE                                                                                         | 7. 8/NGL                                 | E, MARRIED.<br>VED, DIVORCED (Specify)<br><b>ried</b>        | May 15, 1880                              | 9. AGE (In years last birthday) M | onths Days     | H Under 24 Hours<br>Hours Min. |
| orl<br>E | A. USUAL OC<br>done during most of<br>g Sportw                                                                                                  | CUPATION (Give kind of or kind of working life, even if retired) ear business                           | Propr:                                   | of Business or<br>INDUSTRY<br>ietor                          | 11. BIRTHPLACE (State or fo               | reign country)                    |                | COUNTRY?                       |
| 13       | Samuel                                                                                                                                          | Graham Gordo                                                                                            | n                                        |                                                              | 14. MOTHER'S MAIDEN NA<br>Cecelia Ginsber |                                   |                |                                |
| l E      | . WAS DECEASE<br>, no or unknown)                                                                                                               | ED EVER IN U. S. ARMEI<br>(If yes, give war or date                                                     | FORCES?                                  | 16. SOCIAL<br>SECURITY NO.<br>065-10- 8669                   | 17. INFORMANT<br>Mrs Rose Gordon          | Lake Drive                        | Apts 1         | EE                             |
|          | (This does<br>heart failu                                                                                                                       | SE OR CONDITION LEADING TO DEA' 3 not mean the mode of tre, asthenia, etc. It mea complication which of | TH of dying, e. ns the diseas aused deat | g., (A) Core                                                 | nay artery                                |                                   |                | AND DEATH                      |
| こていここと   | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) SCARCEL CARRELET CONDITIONS CON- |                                                                                                         |                                          |                                                              |                                           |                                   |                |                                |
| )<br>L   | TO THE D                                                                                                                                        | S TO THE DEATH, BUT<br>DISEASE OR CONDITION<br>OF OPERATION                                             | CAUSING                                  |                                                              | ATION                                     |                                   | 1 20. A        | UTOPSY?                        |
| エスン      |                                                                                                                                                 | 0                                                                                                       |                                          |                                                              |                                           | f in Baltimore City,              | YES            | No X                           |
| 2        | HOMICIDE                                                                                                                                        | ENT. SUICIDE.<br>(Specify)                                                                              |                                          | ACE OF INJURY (e. g., i<br>farm,factory,street,office bldg., |                                           | i in Baltimore City,              | give exact i   | Jeacion)                       |
| A        | OF INJURY                                                                                                                                       | (Month) (Day) (Year)                                                                                    | m.                                       | 21E. INJURY OCCURR WHILE AT WORK AT WORK                     |                                           |                                   |                |                                |
|          |                                                                                                                                                 | live on 1/41                                                                                            |                                          | and that death occur                                         | 19 19, to                                 | he causes and on                  | the date st    |                                |
|          |                                                                                                                                                 | 22zin                                                                                                   | buy                                      | м. D.                                                        | 23 LO ENTON                               |                                   | 7/-            | . 1.0                          |
| 71       | Buriel                                                                                                                                          | July 23,                                                                                                | 1950                                     | Baltimore Heb                                                | rew Cemetery Balt                         | timore Md                         | n, or county)  | (State)                        |
|          | ATE RECEIVE                                                                                                                                     |                                                                                                         | ton Wil                                  | liquid, Mill                                                 | Sol Livers                                | m+ Bus 1                          | Nou            | 1126<br>th ave                 |
| J        | ULVS-150 10                                                                                                                                     | £1-1.                                                                                                   | 561                                      | 29049                                                        | 6300                                      |                                   | 94             | a                              |

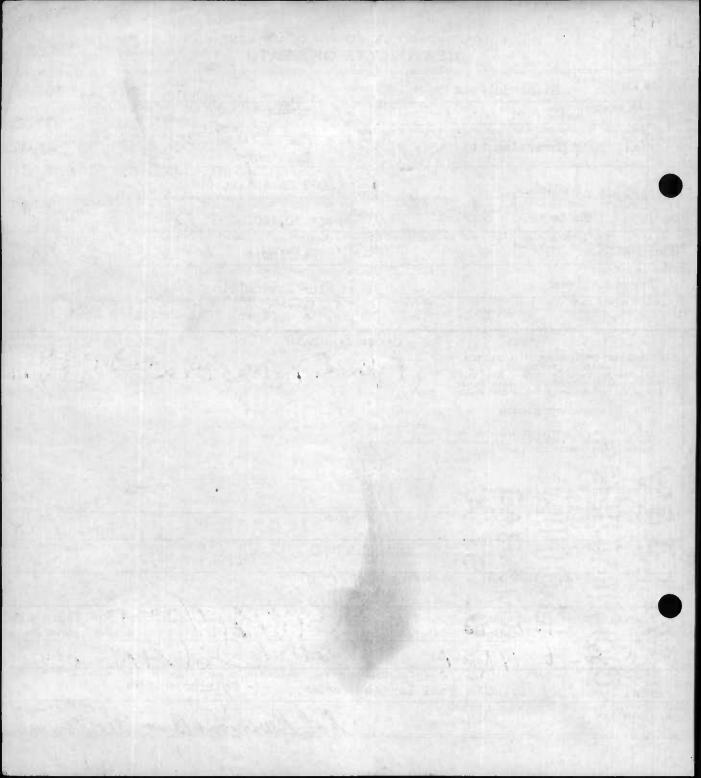


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## CERTIFICATE OF DEATH

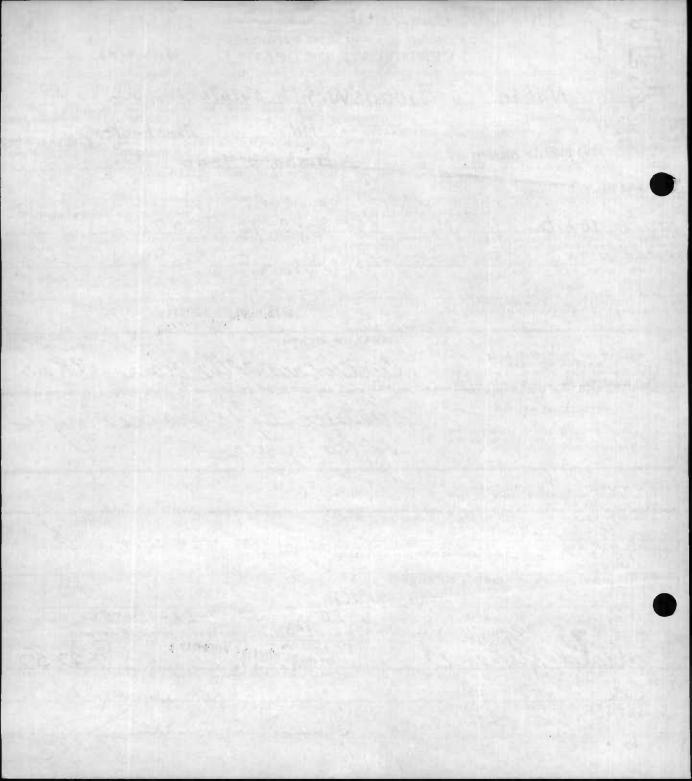
Registered No. 6400

| (T <sub>3</sub> | pe or Print)                                      | Hilda                                                                                                              | Hoffma                                                    | n                                                                  |                               | OF<br>DEAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | T., 7           | 22,1950                                                       |
|-----------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------|
| Α               | PLACE OF D<br>Baltimore (<br>FULL NAME            | City, Maryland                                                                                                     | al or institut                                            | tion, give street address or                                       | 4. USUAL RESIDE<br>A. STATE   | NCE (Where decea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                               |
| HC              | SPITAL OR<br>STITUTION                            | 2021 Christi                                                                                                       |                                                           | location                                                           | c. CITY OR TOWN Baltimo       | (If outside cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | porate limits,  | write CURAL and give township)                                |
| c.              | gth of s                                          | tay in Baltimore                                                                                                   |                                                           | Yrs.<br>Mos.<br>Days                                               | 2021 Chris                    | and the same of th | location) .     |                                                               |
| _               | emale                                             | 6.COLOR OR RACE White                                                                                              | 7. SINGL                                                  | E. MARRIED,<br>VED DIVORCED (Specify)                              | Sept 30,190                   | last hi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | irthday)   Mont | nder I Yesi II Under 24 Hours<br>The Days Hours Min.          |
| ork             | deneduring most<br>House Wi                       | CUPATION (Give kind of of orking life, even if retired)                                                            | 10B, KINI                                                 | O OF BUSINESS OR<br>INDUSTRY                                       | 11. BIRTHPLACE (S             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | try)   1;       | 2. CITIZEN OF WHAT COUNTRY?                                   |
| 13.             | FATHER'S                                          | NAME                                                                                                               |                                                           |                                                                    | 14. MOTHER'S MA               | IDEN NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | 0000                                                          |
|                 | Aaron                                             | Kellman                                                                                                            |                                                           |                                                                    | Rica Rosen                    | stein                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                               |
| 15<br>Yes       | WAS DECEAS!                                       | ED EVER IN U. S. ARMED<br>(If yes, give war or date:                                                               | FORCES?<br>s of service)                                  | 16. SOCIAL<br>SECURITY NO.                                         | 17. INFORMANT<br>Melvin Hoffm | an 2021 Ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ristian         | oress<br>St                                                   |
| NOUNCELLA       | OTHER S                                           | ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDI G TO THE DEATH, BUT | F ANY, GIVII<br>STATING T<br>ST.<br>TIONS CO<br>NOT RELAT | HE DUE TO  (C)  N-                                                 |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                               |
| 1               |                                                   | OF OPERATION 0 1                                                                                                   |                                                           | FINDINGS OF OPER                                                   | ATION                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | 20. AUTOPSY?                                                  |
| 2               | 21A. ACCIDE<br>HOMICIDE                           | ENT, SUICIDE.<br>(Specify)                                                                                         | 218. PL                                                   | ACE OF INJURY (e. g., in<br>farm, factory, street, office bldg., e | or 21c. WHERE D               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | more City, giv  | ve exact location)                                            |
|                 | OF INJURY                                         | (Month) (Day) (Year)                                                                                               | m.                                                        | 21E. INJURY OCCURRI<br>WHILE AT NOT WHILE<br>WORK AT WORK          | 21F. HOW DID                  | INJURY OCCUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                                               |
| 24              | deceased as SIGVA.  A. BORIAL. (S. N. REMOVAL (S. | CREMA-1 24B, DATE                                                                                                  | 19-9-8                                                    | and that death occur                                               | 3B. ADDRESS                   | 24D, LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and on the      | hat I last saw the date stated above.  23c. TE SIGNED (State) |
| 110             | Burial                                            | July 23,                                                                                                           | 1950                                                      | Bnai Israel C                                                      | emetery                       | Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e Md            |                                                               |
|                 | TE RECEIVE<br>CAL REGIST                          |                                                                                                                    | S SIGNATI                                                 | JRE SILLS, MAR                                                     | Sol her                       | wont B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11              | outh one                                                      |
|                 | VS 150                                            |                                                                                                                    | 54 - 5- (M)                                               | recent ()                                                          | A                             | 11 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 130 111         | 920                                                           |



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ,54267R DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Hone hesten, HOSPITAL OR location) (If outside corporate limits, write RURAL and give C, CITY, OR TOWN INSTITUTION JATTY ZON ZALATUH ZEBU. township) BISHODS HEAC Cambridge
D. STREET ADDRESS (If rural, tive location) Yrs. Mos. th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH II Under 1 Year 9. AGE (In years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTR Waterman Sea Food Fishing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Bloodsworth Cora Granville 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT NUPKINS HUSPITAL ADDRESS SECURITY NO. 6-1674-44 INTERVAL BETWEEN 18. 55X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE WORK that I attended the deceased from 6-30-, 1959 to 7-22-, 1959 that I last saw the 7-22-, 1959, and that death occurred at 1239 m., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from 6-30deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 4-25-50 DATE RECEIVED BY REGISTRAR'S, SIGNATURE 25. FUNERAL DIRECTOR DDRESS LOCAL REGISTRAR multiglow / Migues May VS 150

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|--------|------------|
| BIRTH  | 6403       |
| 1. NAN | AE OF DECE |

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|      |                   | 270                                             | BAL                | TIMORE CIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YHEA          | LTH DEPAR     | TMFNT         |                       | . 113            | 0400                                    | St.  |
|------|-------------------|-------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|-----------------------|------------------|-----------------------------------------|------|
| 1000 | 640               | 3                                               |                    | CERTIFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |               |               | Registere             |                  | 0.100                                   |      |
| =    | IRTH NO.          |                                                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |               |               |                       |                  |                                         |      |
|      | NAME OF D         |                                                 |                    | LLYIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |               |               | 2. DATE<br>OF         | 7/               | 50                                      |      |
|      |                   | MI                                              | LAARD              | RILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | · Y           |               |               | DEATH                 | -21              | -30                                     |      |
| ۹.   |                   | City, Maryland                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A             | STATE         | DENCE WIT     | B COUNTY              |                  | ution : residence<br>before admiss      |      |
|      | FULL NAME         | OF (If not in hosp                              | ital or institutio | n, give street add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -Ain->        | CITY OR TOX   | WULLOS        | utside corporate l    | imaito confe     | TUD 41                                  |      |
| 1    | ISTITUTION        | · · · Wann                                      | e me               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | . CITT OR IDE | altims        | Me diside corporate i | mines, write     | towns                                   |      |
| 4    | -                 | no rugo.                                        | 1                  | Dy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yrs.          | STREET ADD    | RESS (LT)     | ral/give location     | 1/               |                                         |      |
|      | gth of s          | tay in Baltimore                                | Z                  | ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mos.<br>Days  | 34            | 26 6          | sh shree              | 1                |                                         |      |
| 5,   | SEX               | 6. COLOR OF RAC                                 | 7. SINGLE          | MARRIED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8             | DATE OF BIR   | тн            | 9. AGE In year        |                  |                                         |      |
|      | M                 | W                                               | 10111              | que -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 100           | ec. 24-19     | 707           | Thrinday)             | Months           | Days Hours N                            | lin. |
| C    | A. USUAL OC       | CUPATION (Give kind                             | 19B KIND           | OF BUSINESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OR 1          | . BRTHPLACE   | State of for  | eign country)         | 12. C            | TIZEN OF                                |      |
| ,,,  | Wrillen           | To.M IT                                         | mb Monis           | Inclurate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DA.           | Manuel        | and/          |                       | V                | W. W.                                   | RY   |
| 3    | FATHER'S          | NAME )                                          | CALL LILLIAN       | CONTRACTOR OF THE PARTY OF THE | 1.            | 4. MOTHER'S M | IAIDEN NAI    | ME                    |                  | /                                       | 1    |
|      | Mohert            | Milas                                           | /                  | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | MARII         | Mas           | 107/                  |                  |                                         |      |
| 5    | AAS DECEASE       | ED EVER IN U. S. ARM                            | ED FORCES?         | 16. SOCIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -             | Million       | IVIU          | 200                   |                  |                                         | +    |
| ř e  | s, no or unknown) | ED EVER IN U. S. ARM<br>(If yes, give war or de | tes of service)    | SECURITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO.           | MA. ( MATA)   | P/3           | ichley 15             | ADDEE            | 36th 11                                 |      |
| Ī    | 18. 14/           | 1 1                                             |                    | CAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ISE OF        | DEATH         | 7.7           | 19000                 | Lit              | NTERVAL BETW                            | EEN  |
|      | 7/                | 6 X I                                           |                    | CAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | JSE OF        | DEATH         |               | /                     | 0                | NSET AND DE                             | ATH  |
|      | DISEAS            | SE OR CONDITION                                 |                    | . 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | 0 0           | ) la .        | 0 .0:                 | 4-1-1            |                                         | .2   |
|      | (This does        | s not mean the mode<br>are, asthenia, etc. It m | of dying, e.g.     | , (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | war           | me of         | sice us       | mil, le               | em               | 5 day                                   | 2    |
|      |                   | complication which                              |                    | DUE TO P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -             |               | 00            | + to from             | *                |                                         |      |
|      |                   | ANTECEDENT CAL                                  | ISES               | P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Mila          | اد م معالية   | -             | conference            |                  |                                         |      |
| -    |                   | A.VIEGEDEIVI GA                                 | 3023               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | irle em       | usli          |                       |                  |                                         |      |
| )    |                   | S OR CONDITIONS,                                |                    | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,             |               |               |                       |                  | *************************************** |      |
|      |                   | YING CONDITION                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |               |               |                       | 100              |                                         |      |
| -    |                   |                                                 |                    | RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Been          | while be      | met of        | escène u              | will             |                                         |      |
|      | 071150 6          | 11                                              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |               |               |                       |                  |                                         |      |
| 1    | TRIBUTING         | SIGNIFICANT CON                                 | T NOT RELATED      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | con           | ser time      | Laily         | طار                   |                  |                                         |      |
| }    |                   | F OPERATION                                     |                    | FINDINGS OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OPERAT        | ION           | 0             |                       |                  | 20. AUTOPSY                             | 7    |
|      |                   | 7                                               |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | Test No.      |               |                       |                  | YES NO                                  |      |
| )    | 21A. ACCIDE       | ENT. SUICIDE.                                   | 218. PLAC          | CE OF INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (e. g., in or | 21c. WHERE    |               | in Baltimore Ci       |                  |                                         |      |
| 1    | HOMICIDE          | (Specify)                                       | about home, far    | rm, factory, street, offic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ebldg.,etc.)  | INJURY OCC    | UR?           |                       |                  |                                         |      |
|      | 21D TIME (        | (Month) (Day) (Yea                              | r) (Hour)   2      | 1E. INJURY OC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CURRED        | 21F. HOW DI   | D INJURY      | OCCUR?                |                  |                                         |      |
|      | OF INJURY         | (2000) (200) (200                               |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | WHILE         |               | D MASORY      | 0000.11               |                  |                                         |      |
|      |                   |                                                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | WORK L        |               |               |                       |                  |                                         |      |
| 1    |                   | y certify that I a                              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |               | 0, to 7       | -21,1                 | 9 <b>5</b> Q tha | t I last saw                            | the  |
|      | deceased al       | live on 7 - 21                                  | 19 50 a            | nd that death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | occurre       | d at 3 = an   | n., from the  | e causes and o        | n the da         | te stated abo                           | ove. |
|      | 23A. SIGNA        | TURE .                                          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 23B           | ADDRESS       |               | 1 000                 | 230              | . DATE SIGN                             | ED   |
|      |                   | mulan                                           | 2 00               | ely M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D. he         | etheran       | 1400          | ). of "               | . 7              | -21-57                                  | )    |
| 2    | 4A. BURIAL.       | CREMA- 24B. DATE                                | 1 2                | 4c. NAME OF CE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | METERY        | OR CREMATOR   | Y 240 LO      | CATION (City, to      | yn, or you       | unt) (Sta                               | te)  |
| 1    | Lurial            | 14/11 24                                        | -1950              | me)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lur           | 6.            | An            | Imore, (              | 1 /14            | 1.                                      |      |
|      | ATE RECEIVE       |                                                 | R'S SIGNATUR       | RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2             | FUNERAL DI    | RECTOR        | 100                   | ADD              | RESS,                                   |      |
|      | OCAL REGIST       |                                                 | for for            | 1/11:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1             | July And IC   | Winning       | Hame                  | 3/3,0            | Hello line                              | 1    |
| 1    | 111 / / 13        | JU COM                                          | mualen /           | THULASILLA AS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | MULLEU        | I I /YYIID WU | :///////              | 101              | 111145 1 40440                          | 1    |

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Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH July 20/50 Bertha Kaufman Frank. 4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE Mollowift My ONTY before admissi 3. PLACE OF DEATH: A. Baltimore City, Maryland Marlboro Aprt. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RUPAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours: Min. July 18th. 1867. 83 Widow Female White 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Washington D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Kaufman Elizabeth Wetzler. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnh nown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Sydney Frank. 5531Gynn Oak Ave INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICA YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. (Specify) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 19 that I last saw the 22. I hereby certify that I attended the deceased from. , 19. and that death occurred at m., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATOR N 24o. LOCATION (City, town, or county) CREMA BURIAL. July 23/50 Hebrew Friendship Cem Balto.Md REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY

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LOCAL REGISTRAR

1902 Eutaw Pl.

|                |                                          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |
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| 100<br>0 64                                        | 05                                                                 |                                                                                                        |                                                            |                                                                             |                                | ALTH DEPARTMENT                                                                                | Registere                           | 50<br>ed No              | 6405                                        |
|----------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|---------------------------------------------|
| 1. NAME OF<br>(Type or Print<br>3. PLACE OF        | DEATH:                                                             | ED ALAA<br>EN SCHWAR                                                                                   |                                                            | ALAN                                                                        | 500                            | HWAR                                                                                           | Where deceased live                 |                          | tion: residence                             |
| A. Baltimore B. FULL NAM HOSPITAL O INSTITUTION    | E OF (                                                             | If not in hospit                                                                                       | al or institut                                             | ion, give street ac                                                         | ldress or<br>ocation)          | Maryland c. CITY OR TOWN Baltimore                                                             | B. COUNTY                           |                          | elURAL and give township)                   |
| c gth of                                           |                                                                    | Baltimore                                                                                              | 7. SINGLE                                                  | E. MARRIED.                                                                 | Yrs.<br>Mos.<br>Days           | D. STREET ADDRESS (1<br>1701 Eutaw Pla<br>8. Date of Birth                                     |                                     | 5                        | ear   If Under 24 Hours                     |
| male                                               | W                                                                  | ite                                                                                                    | WIDOW                                                      | OF BUSINESS                                                                 |                                | Oct 320/ 1877                                                                                  | last birthday)  7  foreign country) | Months D                 | Hours Min.                                  |
| 13. FATHER'S  HU  15. WAS DECE. Yes, no or unknown | NAME<br>NAME                                                       | Sclowe<br>IN U. S. ARMEI                                                                               | of FORCES?                                                 | 16. SOCIAL SECURITY                                                         | Kroe                           | 17. INFORMANT                                                                                  | rane<br>traces                      | ADDRES                   |                                             |
| (This d heart fs injury                            | LEAD coes not me ailure, asthe or complic  ANTEC SES OR CO THE ABO | CONDITION ING TO DEA can the mode enia, etc. It mer cation which SEDENT CAUS ONDITIONS, I VE CAUSE (A) | TH of dying, e. 1 caused death SES F ANY, GIVIN STATING TH | (A)                                                                         | ınshot                         | of head wound of head                                                                          |                                     |                          | TERVAL BETWEEN                              |
| TRIBUT                                             | DISEASE                                                            | CANT COND E DEATH, BUT OR CONDITION                                                                    | NOT RELATE                                                 | T                                                                           | Open                           |                                                                                                |                                     |                          | O AUTODOV2                                  |
| UTING D                                            | RNAL CA                                                            | 7                                                                                                      | 21B. PLA<br>about bome, f                                  | CE OF INJURY arm, factory, street, of home 21E. INJURY OF WHILE AT ACTOR OF | (e.g., in<br>Mee bldg., et     | or 21c. WHERE DID (1.) INJURY OCCUR?  1701 Eutaw P.  D 21f. HOW DID INJUR                      |                                     | Y                        | O. AUTOPSY? TES X NO act location)          |
| the e                                              | tify that<br>evidence<br>death in                                  | I took char                                                                                            | ge of the                                                  | remains desc                                                                | ribed ab<br>on or In<br>eauses | Autopsy, quiry, find that said of accident [], suicide [] 23B. CHIEF MEDICAL ASSISTANT MEDICAL | EXAMINER                            | iry i the day i, undeter | reon and from stated above, rmined E SIGNED |
| 24A. BURIAL<br>TION, REMOVAL                       | (Specify)                                                          | 24B. BATE July2                                                                                        | 3/80                                                       | Ohel                                                                        | Sh                             |                                                                                                | LOCATION (City, to                  |                          |                                             |
| VS 151                                             |                                                                    | REGISTRAR'                                                                                             | a for                                                      | Villiams, N                                                                 | 06                             | Dorolondh<br>3                                                                                 | ein) & Son                          | 164                      | Eular fl                                    |

TOKEN THE PROPERTY OF THE SHEET ASI.

#### BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HELEN - SCHWAB July 21, 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write R BRAL and give C. CITY OR TOWN INSTITUTION township) 1701 Eutaw Place Yrs. D. STREET ADDRESS (If rural, give location Mos. 1701 Eutaw Place ngth of stay in Baltimore Days 9. AGE (In years | fi linder I Year | fi linder 24 ficus | last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) female white 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Gunshot wound of head (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (a. g., in or 21A. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING ebout home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 1701 Eutaw Place home 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT AT WORK firearms 1950 9.00a.m. July WORK partial autopsy I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23c. DATE SIGNED 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER.

VS 151

24A. BURIAL, CREMA-TLON, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

25 FUNERAL DIRECTOR

OR CREMATORY

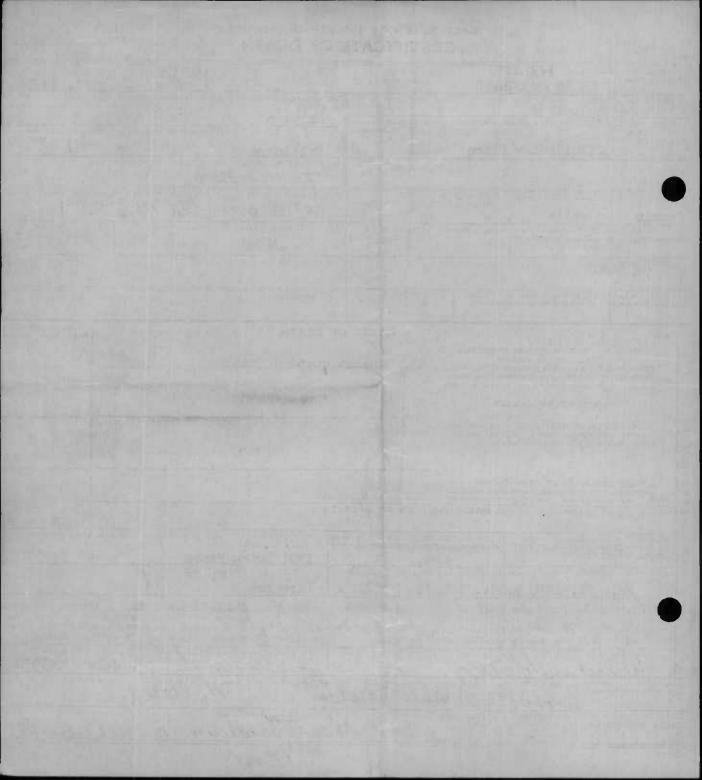
ASSISTANT MEDICAL EXAMINER ....

MEDICAL INVESTIGATOR

24D. LOCATION (City, town, or county)

ADDRESS

July

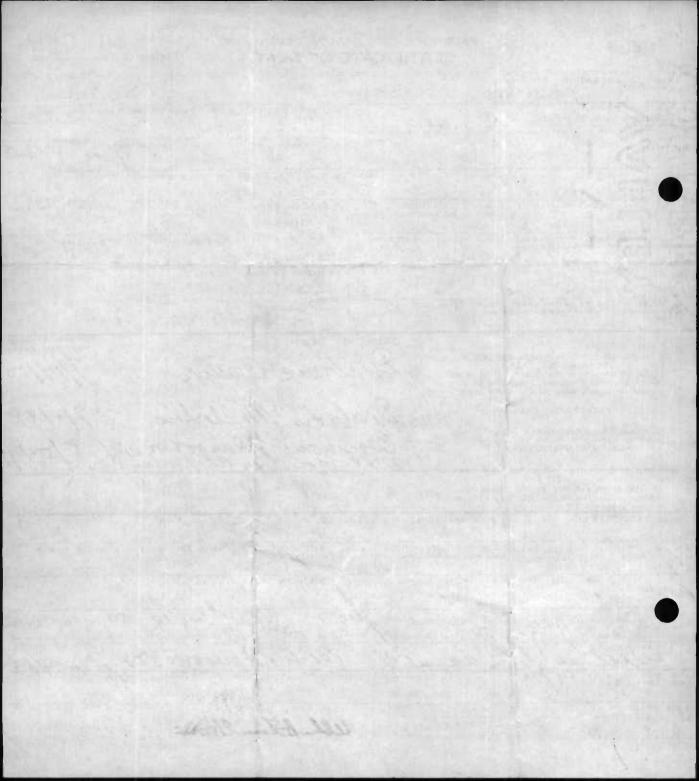


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|      | 6407  |
| BIB" | TH NO |

| -0          | 0.4001 |
|-------------|--------|
| 50          | 6407   |
| gistered No |        |

| 6407<br>TH NO.  | BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH | Registered No. | 6407 |
|-----------------|-------------------------------------------------------|----------------|------|
| AME OF DECEASED |                                                       | 2. DATE        |      |

| В             | IRTH NO.                     |                                                          |                | CERTIFICAT                              | E OF D         | EATH             | Registered                              | 1 140            |                   |
|---------------|------------------------------|----------------------------------------------------------|----------------|-----------------------------------------|----------------|------------------|-----------------------------------------|------------------|-------------------|
| 1.            | NAME OF D                    | ECEASED                                                  |                |                                         |                |                  | 2. DATE                                 |                  |                   |
| (1            | Type or Print)               |                                                          | Katheri        | ne Burkhardt                            |                |                  | OF T                                    | ıly 19 19        | 950               |
| 3             | PLACE OF D                   |                                                          |                |                                         | I A USUAL      | RESIDENCE (V     | DEATH Where deceased lived.             |                  |                   |
|               |                              | City, Maryland                                           | X016 De        | *************************************** | A. STATE       |                  | B COUNTY                                | befor            | re admission      |
|               | FULL NAME                    | OF (If not in hospit                                     | af or institut | ion, give street address or             |                | Baltimore        |                                         | -                | 1                 |
|               | OSPITAL OR                   |                                                          |                | location)                               | C. CITY OF     | R TOWN (II       | outside corporate li                    | mis, write RUI   | AL and give       |
| 10            | (2)                          |                                                          |                |                                         |                | Baltimore        | 8                                       | X                | township          |
| . 4           |                              |                                                          |                | Yrs.                                    | D. STREET      | ADDRESS (If      | rural, give location)                   |                  |                   |
| -             | orth of s                    | tay in Baltimore                                         |                | Mos.                                    | 3976           | Ravenwood        | Aure                                    |                  |                   |
| 5             | SEX                          | 6. COLOR OR RACE                                         | 7 SINGL        | Days<br>E, MARRIED.                     | 8. DATE OF     |                  |                                         | If linder I Year | It tinder 24 Have |
|               | 7                            |                                                          | WIDOW          | VED, DIVORCED (Specify)                 |                |                  | 9. AGE (in years last birthday)         | Months Days      | Hours: Min.       |
| -             | remale                       | white                                                    | Wido           |                                         | Nov 18         |                  | 70                                      | ***              |                   |
| MOL<br>10     | NA. USUAL OC                 | CUPATION (Give kind of of working life, even if retired) | 108. KIND      | OF BUSINESS OR                          |                | LACE (State or f | oreign country)                         | 12. CITIZE       |                   |
|               |                              | or working and, or our in routed,                        | housew         |                                         | German         | ny               |                                         | WHAT             | COUNTRY           |
| 13            | B. FATHER'S                  | VAME                                                     |                |                                         | 14. MOTHE      | R'S MAIDEN N     | AMF                                     |                  |                   |
|               | Carl Ber                     | honioh                                                   |                |                                         |                | rine Marti       |                                         |                  |                   |
| 9.6           |                              |                                                          |                |                                         | Ra the         | rine ward.       | LII                                     |                  |                   |
| (Ye           | s, no or uokoowo)            | ED EVER IN U. S. ARME                                    | D FORCES?      | 16. SOCIAL<br>SECURITY NO.              | 17. INFORM     | TANT             |                                         | ADDRESS          |                   |
|               |                              |                                                          |                | OLOGATI NO.                             | Albert         | Burkhardt        | t 5410 Hamle                            | et Ave           |                   |
|               | 18. 2/                       | - 11                                                     | 15             | DV CAUCE                                | OF DEATH       |                  |                                         | LINTERV          | AL BETWEEN        |
|               | 160                          | 0 X 1                                                    | 10             | / CAUSE                                 | OF DEATE       | 100000000        |                                         | ONSET            | AND DEATH         |
|               | DISEAS                       | SE OR CONDITION                                          |                | X).(                                    | . / /          | a.               |                                         | 1                | 1.11-             |
|               | (This does                   | not mean the mode                                        | f dving a      | 3., (A)                                 | Urge           | e Cou            | ll                                      | 1/               | 17/50             |
|               | injury or                    | re, asthonia, etc. It mes                                | ns the diseas  | e,                                      |                |                  |                                         | //               |                   |
|               |                              |                                                          |                | 0.                                      | 1              | an a             | . /                                     | -                | 1 ,               |
|               |                              | ANTECEDENT CAUS                                          | SES            | Mia                                     | lade.          | meon             | 1 Les                                   | 7/               | 1/48              |
| Z             | DISFASES                     | S OR CONDITIONS, I                                       | E ANY CIVIA    | (B)                                     | UZAW           | // 22            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  | 1 0               |
| ĭ             | RISE TO T                    | HE ABOVE CAUSE (A)                                       | STATING TH     | HE DUE TO O                             | 011.           | 1000             | 4-7-1                                   | W/ 2             | 1 .               |
| CERTIFICATION | UNDERLY                      | YING CONDITION LA                                        | ST.            | (C)                                     | mom            | o pour           | The sall                                | 127 8            | 15-40             |
| 7             |                              |                                                          |                | 1101                                    | DA LOI         | 5/10 00          | cululmy                                 | Care             |                   |
| F             |                              | H                                                        |                |                                         |                |                  |                                         |                  |                   |
| Œ             | OTHER S                      | IGNIFICANT CONDI                                         | TIONS CON      | 1 ·                                     |                |                  |                                         |                  |                   |
| CE            |                              | ISEASE OR CONDITION                                      |                |                                         | . =            |                  |                                         |                  |                   |
| 1             | 19A. DATE C                  | F OPERATION 1                                            | 98. MAJOR      | FINDINGS OF OPER                        | RATION         |                  |                                         | 20. A            | UTOPSY?           |
| Y             |                              |                                                          |                |                                         |                |                  |                                         | YES              | ] NO              |
| EDICAL        | 21A. ACCID                   | ENT WAS UNDER-                                           | 218. PL        | ACE OF INJURY (e. g., i                 | p or   21c. WI | HERE DID (       | If in Baltimore City                    | , give exact lo  | cation)           |
| H             | LYING OF                     | R CONTRIBUTING                                           | about home,    | farm, factory, street, office bldg.,    | etc.) INJURY   | OCCUR?           |                                         |                  |                   |
| Σ             |                              |                                                          | (11)           | 21E. INJURY OCCURR                      | 55 815 416     | 5.5              |                                         |                  |                   |
| ۲.            | OF INJURY                    | (Month) (Day) (Year)                                     |                |                                         | ED 21F. HC     | M DID INJUR.     | Y OCCURY                                |                  |                   |
|               |                              |                                                          | m.             | WHILE AT NOT WHILE                      |                |                  |                                         |                  |                   |
|               | Lhaugh                       |                                                          | 7-3-12-        | 110                                     | 10,            | 140/1            | 14 10 10                                |                  |                   |
|               |                              | y certify pat batt                                       | enaea the      | aeceasea from                           | 7              | 30               |                                         | that I la        |                   |
|               | deceased at                  |                                                          | 7. 1950        | and that death occur                    | rred at / D    | m., from t       | he cluses and on                        |                  |                   |
|               | 1111                         | 110                                                      | 1000           | 1.00                                    | 3BADDRES       | , Nous           | -and                                    | 2 2 DAT          | E SIGNED          |
| _             |                              | clare f.                                                 | Ly Me          | M. D.                                   | 002 14         | reen             | 300011                                  | 17               | 20/20             |
| 71            | 4A. BURIAL. (SON, REMOVAL (S | CREMA- 248. PATE                                         |                | 24c. NAME OF CEMETE                     | RY OR CREM     | ATORY 24D. L     | OCATION (City, tov                      | vp. or county)   | (State)           |
|               | Buriel                       | July 24                                                  | /50            | Parkwood                                |                | Balt             | timore                                  |                  |                   |
|               | ATE RECEIVE                  |                                                          | S SIGNATI      | JRE I                                   | 25. FUNER      | AL DIRECTOR      |                                         | ADDRESS          |                   |
| L             | OCAL REGIST                  | RAR                                                      | - Z. may 1/9 F | Misilia, Mis                            | 1.00           | 04 n             | Uss . 0000                              |                  |                   |
|               |                              | 950                                                      | 19.01-11       | VUSUALUA 1/1 Late                       | What !         | thenell          | 1008 (                                  | orleans S        | t                 |
| '             | VS 150                       | The second                                               | (39)           |                                         |                |                  |                                         | .11              | 0                 |



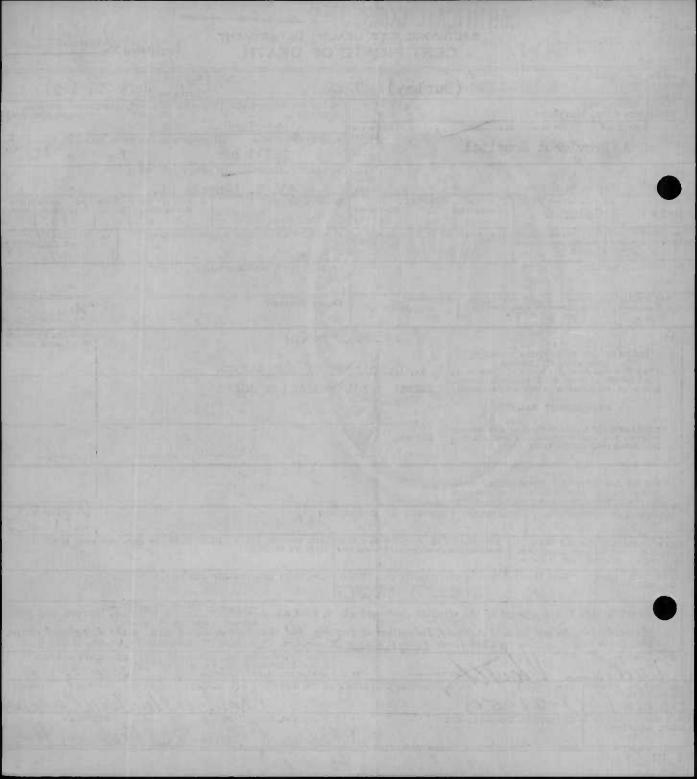
|          | W-2                          | 30                                               | CERTII        | FICAT                     | E CORI             | RECTE                     | D 7-26-50         |               |                          |              |                                       |
|----------|------------------------------|--------------------------------------------------|---------------|---------------------------|--------------------|---------------------------|-------------------|---------------|--------------------------|--------------|---------------------------------------|
| 1        | BADS                         | 3                                                |               |                           |                    |                           | EALTH DEPAR       |               | Registere                | 50<br>ed No  | 6408                                  |
| 31       | IRTH NO.                     | 3                                                |               |                           | OLIVIII            | IOAII                     | - OI DEAI         |               |                          |              |                                       |
| Ť        | NAME OF DE<br>'ype or Print) | CEASED                                           | HARI          | RY                        | J.                 | Wes                       | T                 |               | 2. DATE<br>OF<br>DEATH   | 7-20         | 50                                    |
|          | Baltimore Ci                 | ity, Marylai                                     | -             |                           | 74, 116            |                           | 4. USUAL RESID    | DENCE (W)     | B. COUNTY                |              | tion : residence<br>before admission) |
| H        | FULL NAME C                  | OF (If not in                                    | hospital o    | or instituti<br>•         | on, give stree     | t address or<br>location) | C. CITY OR TOW    | HRY           | ANd<br>outside corporate | imits, write | e RURAL and give                      |
| IN       | ISTITUTION                   | 3129                                             | No            | RTh                       | WAY I              | Drive                     | B                 | a LTI         | MORE                     | 27.          | ( Stownship)                          |
|          | •                            |                                                  |               |                           | /                  | Yrs.<br>Mos.              | O. STREET ADDE    | ESS (If r     | ural, give location      | 7            |                                       |
| C.       |                              | ay in Baltin                                     |               | SINGLE                    | . MARRIED          | Days                      | 3/29 /            | IORI          | 9. AGE (In year          | A FOO        |                                       |
| N        | Male                         | White                                            | MACL          | WIDOW                     | FD. DIVORC         | ED (Specify)              | TAN 21-           | (LRR-L)       |                          |              | Days Hours Min.                       |
| 10       | A. USUAL OCC                 | UPATION (Gi                                      | rekind of 10  |                           | OF BUSINE          | ESS OR<br>NDUSTRY         | 11. BIRTHPLACE    | (State or for | reign country)           |              | ITIZEN OF<br>HAT COUNTRY?             |
| $O_{i}$  | Tore M.                      | AN Ager                                          |               | NITE                      |                    | lan                       | BALTIME           | bre           | Md.                      |              |                                       |
| 13       | 3. FATHER'S N.               | AME I                                            |               |                           |                    |                           | 14. MOTHER'S M    | AIDEN NA      | ME V I                   |              |                                       |
|          | -olumbu                      |                                                  | T             |                           | 10.00011           |                           | MARGARE           | ·I            | DORD                     | erN          | 7/                                    |
| Ye       | 5. WAS DECEASEI              | (If you, give wa                                 | r or dutes of | orces?                    | 16. SOCIA<br>SECUR | NO YTE                    | MY RI             | Nche          | E. Wes                   | ADORE        | Alhway Dr.                            |
|          | 18. 447                      | 5 🗸                                              |               |                           | 811.84             | 0,7-0                     | OF DEATH          | 774277        | 7. 1/103                 | IIN          | TERVAL BETWEEN                        |
|          | DISEAS                       | E OR COND                                        |               |                           |                    | 0                         | A- B              | 1             | 9                        | 10           | NSET AND DEATH                        |
|          | (This does<br>heart failur   | not mean the<br>e, asthenia, etc<br>complication | mode of o     | dying, e. g<br>the diseas | e,                 | Ner                       | ile O'm           | mo.           | naryla                   | ania         | 1 m                                   |
|          |                              | ANTECEDENT                                       | CAUSES        | 5                         |                    | Ponn                      | dia Tras          | scul          | are-                     |              |                                       |
| TION     | RISE TO TH                   | OR CONDITI                                       | SE (A) ST     | TATING TH                 |                    |                           |                   |               | 1                        |              |                                       |
| IC.      | O'T D'ETTE                   |                                                  |               |                           |                    | de                        | perlen            | use.          | Assono                   | 0            | Uum                                   |
| STT.     | OTHER SI                     | II                                               | CONDITI       | ONE COL                   | (C)                | H                         | /                 |               | 1 V V COURCE             |              | T-10-                                 |
| CER      | TRIBUTING                    | TO THE DEAT                                      | H. BUT NO     | T RELATE                  | .0                 | (//                       |                   |               |                          |              | <i>V</i>                              |
| 7        | 19A. DATE OF                 |                                                  |               |                           | FINDINGS           | OF OPER                   | ATION             |               |                          |              | 20. AUTOPSY?                          |
| CA       | 21A. ACCIDE                  | NT SUICIDE                                       |               | 218 Pi A                  | CE OF INJU         | IRY (e.g. i               | n or   21c. WHERE | DID (If       | in Baltimore Ci          |              | YES NO NO NO NO                       |
| EDI      | HOMICIDE                     | (Specify)                                        |               |                           | arm, factory, stre |                           |                   |               |                          | , , ,        |                                       |
| Σ        | 210. TIME ()<br>OF INJURY    | Month) (Day)                                     | (Year) (H     | Iour)                     | 21E. INJURY        | OCCURR                    | ED 21F. HOW DI    | D INJURY      | OCCUR?                   |              |                                       |
|          | OF INSURT                    |                                                  |               | m.                        | WORK               | NOT WHILE<br>AT WORK      |                   |               | 2                        |              |                                       |
|          | zz. I hereby                 |                                                  | t I atten     | ded the                   | deceased f         | rom/                      | 946,19            | , to          |                          |              | t I last saw the                      |
|          | deceased ali                 |                                                  | 20            | 19.00.                    | and that de        |                           | red at 11 - 5n    | n., from th   | e eauses and o           |              | te stated above.                      |
|          |                              | form                                             | - El          | 100                       | ldom               | R.o.                      | 21086             | SHOW          | ul Ot                    |              | 7/21/50                               |
| 2.<br>TL | 4A. BURIAL, C                | REMA- 24B.                                       | DATE          |                           | 24C. NAME          | F CEMETE                  | RY OR CREMATOR    | Y 240. LC     | CATION (City, t          | own, or cou  | inty) (State)                         |
| 1        | Burial                       | 7-                                               | 24-5          |                           | Woo                | dlaw                      |                   | Da            | No Md                    |              |                                       |
| DL       | ATE RECEIVED                 |                                                  | TRAR'S        | SIGNATU                   | RE M               | 111.                      | Tarana I          | RECTOR        | uck- 53                  |              | RESS                                  |
| -        | III 2719                     | Aligh                                            | Y             | BALLAN                    | relove IV          | Minesta                   | Ronard            | a n           | uch- 33                  | 005          | ariora                                |
|          | VS 150                       |                                                  |               |                           |                    | 20                        | 76L               |               |                          |              | 93)                                   |
|          |                              |                                                  |               |                           | L1 (1 %)           |                           | , ,               | p- 119        |                          |              | 1                                     |

Dr. Homer Todd 2108 ST. Paul ST

|            | V-56                                   | 2 CERTI                                                         | FICATE (                       | CORRECTE                           | 8-1-50                       | , x                       |                                                      |
|------------|----------------------------------------|-----------------------------------------------------------------|--------------------------------|------------------------------------|------------------------------|---------------------------|------------------------------------------------------|
| BI         | 6409<br>RTH NO.                        | most c                                                          |                                |                                    | EALTH DEPARTMENT             | Registered No             | 0 6409                                               |
|            | NAME OF DECEA                          | n Ars                                                           | dale                           | Mr.                                | Tom                          | 2. DATE OF 22             | n/4 1950                                             |
|            | PLACE OF DEATH<br>Baltimore City,      | Maryland                                                        |                                | 1                                  | A. STATE                     |                           | stitution: residence<br>before admission)            |
| HC         | FULL NAME OF DSPITAL OR STITUTION      | (If not in hospital                                             | or institution, g              | ive street address or<br>location) |                              | Outside corporate limits, | write RURAL and give                                 |
| 1          | hurch                                  | Home                                                            | c T                            | 1080.                              | Louisvi                      | lle                       | township)                                            |
| C          | gth of stay in                         | n Baltimore                                                     | 10                             | Yrs.<br>Mes<br>Days                | D. STREET ADDRESS (I         | Oural, give location)     |                                                      |
| 1          | Male 1                                 | Nhite                                                           | Mari                           | OIVORCED (specify)                 | UC. 6,1708                   | last birthday) Mon        | nder 1 Year It Under 24 Hours<br>the Days Hours Min. |
| J.         |                                        | TION (Give kind of or life, even if retired)                    |                                | ndia Haystry                       | New Mey                      | foreign country)          | WHAT COUNTRY?                                        |
| 13         | · FATHER'S NAME                        | Van                                                             | Arso                           | lale                               | Farmer                       | Maria                     |                                                      |
| I 5<br>Yes | . WAS DECEASED EVE                     | R IN U. S. ARMED F<br>yes, give war or dates o                  |                                | SOCIAL<br>SECURITY NO.             | 17. INFORMANT Mrs. Katherine |                           | DRESS                                                |
| 1          | 18. 241X                               |                                                                 | 7                              | CAUSE                              |                              | disville, hy.             | INTERVAL BETWEEN                                     |
|            | DISEASE OF                             | CONDITION D<br>DING TO DEATH                                    | IRECTLY                        | P                                  | monary                       | Carolines                 | ONSET AND DEATH                                      |
|            | (This does not a<br>heart failure, ast | mean the mode of<br>thenia, etc. It means<br>dication which can | dying, e.g.,<br>s the disease, | (A)                                |                              | sugarty se                | a Jyrs.                                              |
|            |                                        | ECEDENT CAUSE                                                   |                                | Bro                                | nchialar                     | Acthora                   | 5 × 100                                              |
|            | RISE TO THE A                          | CONDITIONS, IF<br>BOVE CAUSE (A) S<br>CONDITION LAS             | STATING THE                    | (B) DUE TO                         | Nev(10(W)                    | 11 3 (11 41 41            |                                                      |
| 2          |                                        |                                                                 |                                | (C)                                |                              |                           |                                                      |
| רבא        | TRIBUTING TO                           | FICANT CONDIT<br>THE DEATH, BUT N<br>E OR CONDITION (           | OT RELATED                     | Myora                              | dial least                   | derease                   |                                                      |
| ۲          |                                        |                                                                 | B. MAJOR FIN                   |                                    | ematous E                    | ullae                     | 20. AUTOESY?                                         |
| EDIC,      | ALA. ACCIDENT. S<br>HOMICIDE (Sp       | SUICIDE,                                                        |                                | OF INJURY (e. g., i                | n or   21c. WHERE DID        | If in Baltimore City, gi  |                                                      |
| 2          | 21D. TIME (Month<br>OF INJURY          | h) (Day) (Year) (l                                              |                                | INJURY OCCURR                      |                              | Y OCCUR?                  |                                                      |
|            | 0                                      |                                                                 | m. WHILE                       | K AT WORK                          |                              | 30.000                    |                                                      |
|            | deceased alive o                       | n 22 July                                                       | nded the dece<br>1950, and     | that death occur                   | red at 1:30 Am., from        | the causes and on the     | that I last saw the addressated above.               |
|            | 23A SIGNATURE                          | 15                                                              | Re                             | 1 2                                | 3B. APDRESS                  | 4/Low                     | 23c. DATE SIGNED                                     |
| 24         | AA. BURIAL, CREMA                      | A- PAB. DATE                                                    | 24c.                           | M. D.                              | RY OR CREMATORY 240.         | OCATION (City, town, o    |                                                      |
| W          | ATÉ RECEIVED BY                        | Fuly 22                                                         | SIGNATURE                      | Greenma                            | 25. FUNERAL DIRECTOR         | en Maurit &               | ADDRESS 1900                                         |
| LC         | CAL REGISTRAR                          | Thinking                                                        | Non Milia                      | MLLA, MINE TO                      | en Omdela                    | Salvadne &                | Maria Place                                          |
|            |                                        |                                                                 |                                |                                    |                              |                           |                                                      |
| **         | VS 150                                 |                                                                 |                                |                                    |                              |                           | 927                                                  |

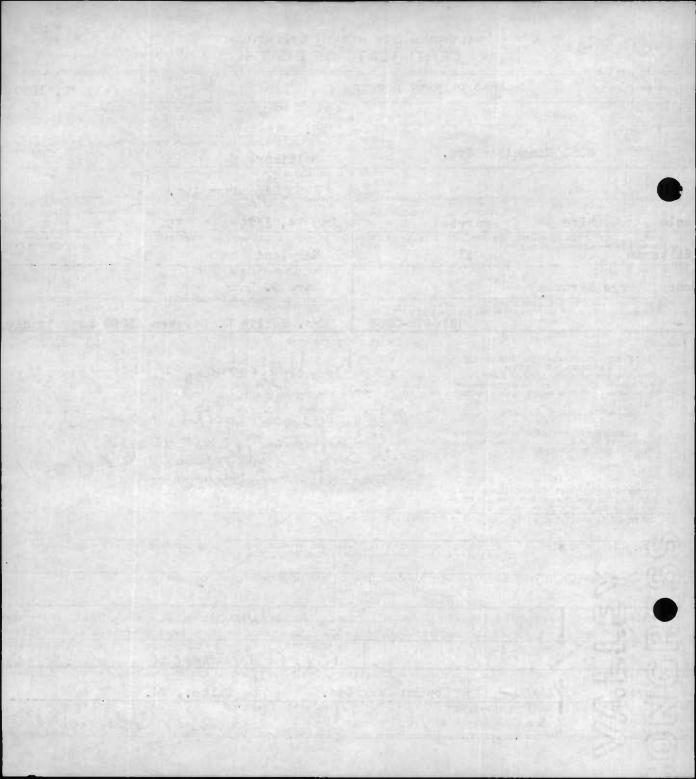
eveloped to meet with of her Alay A Homel A Homel A THE ROTE OF THE PARTY OF THE PA water by the fact of the second of the at the second of the second of the last of

| 6-462 CERTIFICATE CORRECT                                                                                                                                                                                                                                                                                                                                                                                  | CTED 7-25-50 50 6410                                                                                     |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| BIRTH NO. 50 6410 CERTIFICATE                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |  |  |  |  |  |  |  |  |
| 1. NAME OF DECEASED (Type or Print) BURLIE (Burley) CLA                                                                                                                                                                                                                                                                                                                                                    | ARK   2. DATE OF July 22, 1950                                                                           |  |  |  |  |  |  |  |  |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland                                                                                                                                                                                                                                                                                                                                                             | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) |  |  |  |  |  |  |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Provident Hospital                                                                                                                                                                                                                                                                                      | Maryland  c. CITY OR TOWN (If outside corporate limits, write RURAL and give  Baltimore /7-0 township)   |  |  |  |  |  |  |  |  |
| gth of stay in Baltimore  Yrs.  Mos. Days                                                                                                                                                                                                                                                                                                                                                                  | D. STREET ADDRESS (If rural, give location)                                                              |  |  |  |  |  |  |  |  |
| 5. Stx 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) arried                                                                                                                                                                                                                                                                                                                             | 8. DATE OF BIRTH Sept. 20, 1892  9. AGE (In years of Under 1 Year Months Days Hours Min. Sept. 20, 1892  |  |  |  |  |  |  |  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                             | 11. BIRTHPLACE (State or foreign country) Reid v N. C. 12. CITIZEN OF WHAT COUNTRY?                      |  |  |  |  |  |  |  |  |
| 13. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                          | 14. MOTHER'S MAIDEN NAME                                                                                 |  |  |  |  |  |  |  |  |
| ?(                                                                                                                                                                                                                                                                                                                                                                                                         | Annie                                                                                                    |  |  |  |  |  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or unknown) (If you, give war or dates of service) SECURITY NO.                                                                                                                                                                                                                                                                                      | 17. INFORMANT ADDRESS Mrs. Rachel Clark, 623 Pryson St. Balto,                                           |  |  |  |  |  |  |  |  |
| heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)                                                                                                                                                                         | oma of the larynx t radiation edema                                                                      |  |  |  |  |  |  |  |  |
| TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                            |                                                                                                          |  |  |  |  |  |  |  |  |
| 19a. Date of Operation   19b, Major Findings of Opera                                                                                                                                                                                                                                                                                                                                                      | ATION 20. AUTOPSY?                                                                                       |  |  |  |  |  |  |  |  |
| 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., et uting CAUSE OF DEATH.                                                                                                                                                                                                                                                                                   | or   21c. WHERE DID (If in Baltimore City, give exact location)                                          |  |  |  |  |  |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY  nn. WHILE AT NOT WHILE AT NOT WHILE AT WORK                                                                                                                                                                                                                                                                                           | 21f. HOW DID INJURY OCCUR?                                                                               |  |  |  |  |  |  |  |  |
| 1 certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes Accident, suicide, homicide, undetermined.  23A, SIGNATURE  23B. CHIEF MEDICAL EXAMINER |                                                                                                          |  |  |  |  |  |  |  |  |
| 24A. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specify) 7-27-50                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |  |  |  |  |  |  |  |  |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                     | harles L. Law - 802 Madison Ave                                                                          |  |  |  |  |  |  |  |  |
| ys 1513 1950 0 290 6                                                                                                                                                                                                                                                                                                                                                                                       | M 470 V                                                                                                  |  |  |  |  |  |  |  |  |

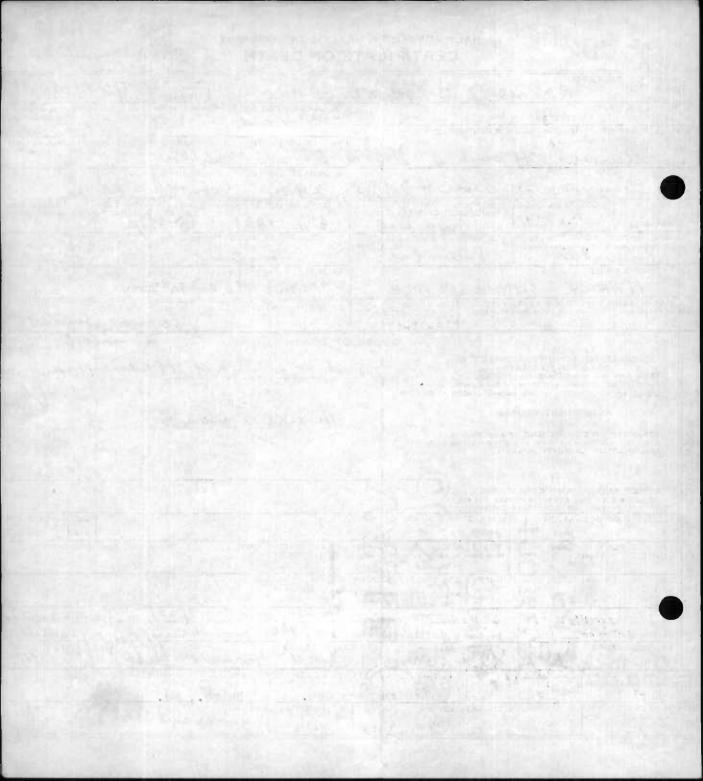


Registered No\_

1. NAME OF DECEASED 2. DATE (Type or Print) GEORGE HENRY STRUVEN OF July 21, 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3050 Edmondson Ave. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3050 Edmondson Ave. th of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years) AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months; Days | Hours | Min. 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) male white married May 24, 1874 IOA. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR CITIZEN OF ork done during most of working life, even if retired)
Salesman INDUSTRY WHAT COUNTRY? Oil Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME lenry George Struven Mary G. Lotz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 6-05-0255 Mrs. Sallie W. Struven 3050 EdmondsonAv INTERVAL BETWEEN 18. 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 19 10 to 7 1.19 Othat I last saw the hereby certify, that I attended the deceased from\_ 2 I'm., from the causes and on the date stated above. deceased alive on\_ 2. 19 J. and that death occurred at\_ 23B. ADDRESS 123c. DATE SIGNED 23A, SIGNATURE 24A. BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, gr county) TION, REMOVAL (Specify Loudon Park Cem. Burial Balto., Md. 7/24/50 25 FUNERAL DIRECTOR. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Thurtington Williams M.M.



| 1       | 5-22                                                                                                   | -1                       |               |                                           | Yellow Silving           | V 51                        | 6440                                               |  |
|---------|--------------------------------------------------------------------------------------------------------|--------------------------|---------------|-------------------------------------------|--------------------------|-----------------------------|----------------------------------------------------|--|
|         | 50 64.                                                                                                 | 12                       |               | TIMORE CITY HE                            | EALTH DEPARTMENT         | Registered N                | 0. 12                                              |  |
| _       | NAME OF DECEA                                                                                          | SED                      |               |                                           |                          | 12 DATE /                   |                                                    |  |
| (T      | 'ype or Print)                                                                                         | RAYM                     | (NO           | H. SHAKE                                  | SPE ARE.                 | 2. DATE<br>OF<br>DEATH      | >>/50-                                             |  |
| A.      | Baltimore City,                                                                                        | Maryland                 | /             |                                           | 4. USUAL RESIDENCE       | (Where deceased lived. If i | nstitution: residence<br>before admission)         |  |
| H       | FULL NAME OF<br>OSPITAL OR<br>ISTITUTION                                                               | es. H                    | or institut   | ion, give street address or location)     | c. CITY OR TOWN          | If outside corporate limits | , write RURAL and give township)                   |  |
| c       | egth of stay in                                                                                        | n Baltimore              | ner           | er 45 Most                                |                          | If rural, give location)    | d.,                                                |  |
|         | make.                                                                                                  | W wite                   | WIDOW         | E, MARRIED,<br>(ED, DIVORCED (Specify)    | 6. //. /898              | last birthday) Mor          | Under 1 Year K Under 24 Hours this Days Hours Min. |  |
| wor     | A. USUAL OCCUPA<br>k done during ment of worki                                                         | nglife, even if retired) | PL            | O OF BUSINESS OR INDUSTRY                 | 11. BIRTHPLACE (State or |                             | 12. CITIZEN OF<br>WHAT COUNTRY?                    |  |
| 13      | FATHER'S NAME                                                                                          |                          |               |                                           | 14. MOTHER'S MAIDEN      |                             |                                                    |  |
| 10      | HARA                                                                                                   |                          |               | PEARE.                                    | MARCARE                  | 7 Haddaway                  |                                                    |  |
| (Ye     | s, no or unknown) (If                                                                                  | yes, give war or date    | of service)   | 16. SOCIAL<br>SECURITY NO.<br>216-01-4759 | 17. INFORMANT            | Elmeh                       | Jones                                              |  |
|         | 18. 330)                                                                                               |                          |               |                                           | OF DEATH                 | Storp                       | THE PAL BETWEEN                                    |  |
|         | DISEASE OF                                                                                             | R CONDITION              |               | 0                                         |                          | . 14                        | ONSEL AND DEATH                                    |  |
|         | (This does not                                                                                         | DING TO DEAT             | f dying, e. 1 |                                           | nh waehn o               | nd 17 alu                   | marcy.                                             |  |
|         | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO |                          |               |                                           |                          |                             |                                                    |  |
|         | ANTE                                                                                                   | ECEDENT CAUS             | SES           |                                           | Harris 1' 1 and          |                             | ban                                                |  |
| O       |                                                                                                        | CONDITIONS, 1            |               |                                           | .74,000,000              |                             |                                                    |  |
| AT      |                                                                                                        | CONDITION LA             |               | HE DUE TO                                 |                          |                             |                                                    |  |
| FIC     |                                                                                                        |                          |               | (C)                                       |                          |                             |                                                    |  |
| RTIFICA | OTHER SIGNI                                                                                            | 11<br>FICANT CONDI       | TIONS CO      | N-                                        |                          |                             |                                                    |  |
| CE      | TRIBUTING TO                                                                                           | THE DEATH, BUT           | NOT RELATE    | ŁD .                                      |                          | ***** ****** ***            |                                                    |  |
|         | 19A. DATE OF OP                                                                                        |                          |               | FINDINGS OF OPER                          | ATION                    |                             | 20. AUTOPSY?                                       |  |
| CA      | 21A. ACCIDENT. S                                                                                       | SUICIDE                  | 1 21n DI /    | ACE OF INJURY (e. g., in                  | n or   21c. WHERE DID    | (If in Baltimore City, g    | YES NO                                             |  |
| EDICAL  |                                                                                                        | ecify)                   |               | farm, factory, street, office hldg.,      |                          | (ii iii ballinoit Oliy, B.  | are cauci sociation,                               |  |
| Σ       | 21D. TIME (Mont)                                                                                       | h) (Day) (Year)          | (Hour)        | 21E. INJURY OCCURR                        | ED 21F. HOW DID INJUI    | RY OCCUR?                   |                                                    |  |
|         | OF INJURY                                                                                              |                          | m.            | WHILE AT NOT WHILE                        |                          |                             |                                                    |  |
|         | 2. I hereby cer                                                                                        | tifu that I att          | ended the     | deceased from                             | 7. 21. 19 38.            | 7/22/ 19 50                 | that I last saw the                                |  |
|         | deceased alive o                                                                                       | n 7/21/                  | 19.50         | and that death occur                      | red at 3.261 m., from    | the causes and on th        | e date stated above.                               |  |
|         | 234 SIONATURE                                                                                          | alal X                   | dec           | A M. D.                                   | 33. ADDRESS How          | ert                         | 23c. DATE SIGNED                                   |  |
| 2.      | 4A. BURIAL, CREMA                                                                                      | 24B. DATE                |               | 24c. NAME OF CEMETE                       | RY OR CREMATORY 24D.     | LOCATION (City, town,       | or county) (State)                                 |  |
|         | Burial                                                                                                 | 7/25/50                  |               | Loudon Par                                |                          | to. Md.                     | 0                                                  |  |
|         | ATE RECEIVED BY<br>OCAL REGISTRAR                                                                      | REGISTRAR'               | S SIGNATU     |                                           | 25 FUNERAL DIRECTOR      | clines & Sans               | Ballo                                              |  |
| -       | JUL 23 1951                                                                                            | ) 1                      | To the        | Thursday W.                               |                          |                             | ma                                                 |  |
| 1       |                                                                                                        | The same                 | U             | E 711 5                                   | V. A.                    |                             | 83a                                                |  |

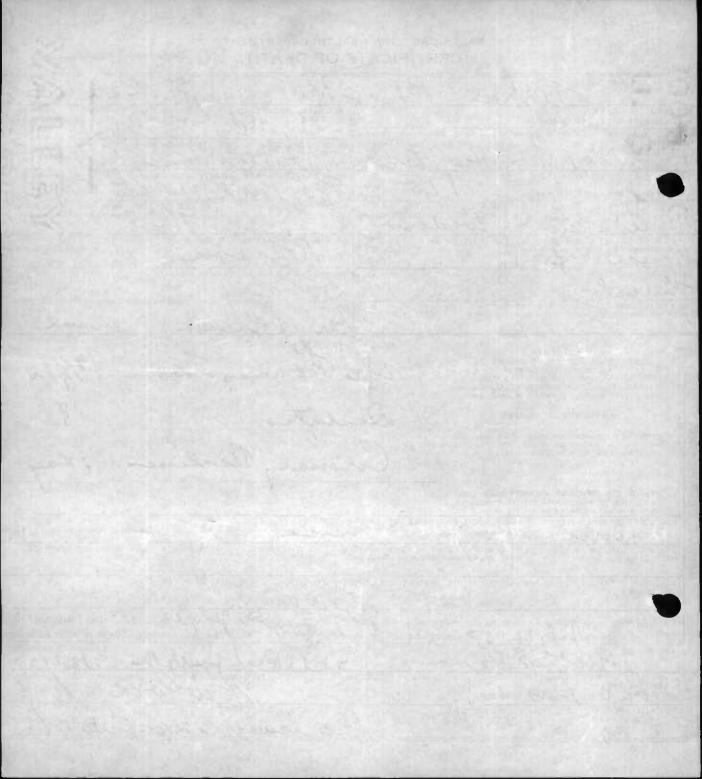


VS 150

# BALTIMORE CITY HEALTH DEPARTMENT

50 6413

| D    | RTH NO.                                                                | 0,376,                                                      |                               | CERTIFICAT                                               | TE OF DEAT       | TH Registe                          | red No.                                                                      |  |  |
|------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------|----------------------------------------------------------|------------------|-------------------------------------|------------------------------------------------------------------------------|--|--|
|      | NAME OF D                                                              | ECEASED 1                                                   | 1                             | D.                                                       |                  | 2. DATE                             | 1 -                                                                          |  |  |
| (T   | 'ype or Print)                                                         | 11%                                                         | HIE                           | 1040                                                     | CK               | OF<br>DEATH                         | 1-22-50                                                                      |  |  |
|      | PLACE OF DE<br>Baltimore C                                             | EATH:<br>City, Maryland                                     |                               |                                                          | 4. USUAL RESI    | DENCE (Where deceased five B. COUNT |                                                                              |  |  |
|      | FULL NAME                                                              | OF (If not in hespit                                        | al or institut                | tion, give street address                                |                  | (N) (If outside composat            | e limits, write RURAL and giv                                                |  |  |
| 11   | ISTITUTION                                                             | 1809 Pax                                                    | KHE                           | rights lo                                                | Ja Ja            | timore                              | 27-/ Gownship                                                                |  |  |
| C.   | Ogth of s                                                              | tay in Baltimore                                            |                               | V 65 Mos                                                 | 10.01            | JSS (If rural, give location        | Its ave                                                                      |  |  |
| 67   | SEX                                                                    | 6. COLOR OR RACE                                            | 7. SINGL                      | E. MARRIED.                                              | 8. DATE OF BIR   | TH 9. AGE (In yes                   | ars     Under   Year       Under 24 News<br>y)   Months   Days   Hours   Min |  |  |
| e    | male                                                                   | white                                                       |                               | VED, DIVORCED (Specif                                    | (9)              | THE                                 | y) months Days Hours Min                                                     |  |  |
| 10   | A USUAL OC                                                             | CUPATION (Give kind of<br>of working life, ever if retired) | 10B. KIND                     | OF BUSINESS OR                                           |                  | (State or foreign country)          | 12. CITIZEN OF<br>WHAT COUNTRY                                               |  |  |
| 1    | Tous                                                                   | 2 wege                                                      |                               |                                                          | Ice              | ssea                                |                                                                              |  |  |
| 13   | FATHER'S N                                                             | NAME /                                                      |                               |                                                          | 14. MOTHER'S N   | ALDEN NAME                          |                                                                              |  |  |
|      | muse                                                                   | <i></i>                                                     |                               | 1                                                        | Jora             |                                     |                                                                              |  |  |
| (Ye  | a, no or unknown)                                                      | D EVER IN U. S. ARME<br>(If yen, give war or date           | b FORCES?                     | 16. SOCIAL<br>SECURITY NO.                               | 17 INFORMANT     | 1/                                  | ADDRESS                                                                      |  |  |
|      |                                                                        |                                                             |                               |                                                          | Marry +          | Cussuer -                           | plume                                                                        |  |  |
|      | 18. 76                                                                 | OX,                                                         |                               | CAUSE                                                    | OF DEATH         |                                     | INTERVAL BETWEE                                                              |  |  |
|      | DISEAS                                                                 | 3/1                                                         |                               |                                                          |                  |                                     |                                                                              |  |  |
|      | (This does not mean the mode of dying, e.g., (A) acute Valmoney redem- |                                                             |                               |                                                          |                  |                                     |                                                                              |  |  |
| r    | heart failu<br>injury or                                               | re, asthenia, etc. It mer<br>complication which             | ans the diseas<br>caused deat | se,<br>h.) DUE TO                                        |                  |                                     |                                                                              |  |  |
|      | ANTECEDENT CAUSES D                                                    |                                                             |                               |                                                          |                  |                                     |                                                                              |  |  |
| Z    |                                                                        | ANTECEDENT CAO                                              | 323                           | (B)                                                      | colles           | )                                   | 7                                                                            |  |  |
| 9    |                                                                        | S OR CONDITIONS, I                                          |                               |                                                          |                  |                                     |                                                                              |  |  |
| Y    | UNDERLY                                                                | YING CONDITION L                                            | AST.                          | (0                                                       |                  | , Occluse                           | 1140                                                                         |  |  |
| F    |                                                                        |                                                             |                               | (6)                                                      | man              |                                     | - may                                                                        |  |  |
| F    | OTHER S                                                                | II<br>SIGNIFICANT COND                                      | ITIONS CO                     | N.                                                       |                  |                                     |                                                                              |  |  |
| CE   | TRIBUTING                                                              | TO THE DEATH, BUT                                           | NOT RELAT                     | ED                                                       |                  |                                     |                                                                              |  |  |
|      |                                                                        |                                                             |                               | FINDINGS OF OP                                           | ERATION          |                                     | 20. AUTOPSY?                                                                 |  |  |
| AL   | 2                                                                      | me !                                                        |                               |                                                          | none             |                                     | YES NO                                                                       |  |  |
| EDIC | 21A. ACCIDE<br>HOMICIDE                                                | ENT. SUICIDE.<br>(Specify)                                  |                               | ACE OF INJURY (e. g<br>farm, factory, street, office bld |                  |                                     | City, give exact location)                                                   |  |  |
| Σ    | 21D. TIME                                                              | (Month) (Day) (Year                                         | (Hour)                        | 21E. INJURY OCCUR                                        | RED 21F. HOW D   | ID INJURY OCCUR?                    |                                                                              |  |  |
|      | OF 'NJURY                                                              |                                                             |                               | WHILE AT NOT WHIL                                        |                  |                                     |                                                                              |  |  |
|      |                                                                        | .17 .1 . 7                                                  | m.                            | WORK AT WOR                                              |                  | 5010 July 22,                       | 195, that I last saw th                                                      |  |  |
|      | deceased at                                                            | y certify that I at                                         |                               | and that death occ                                       |                  |                                     | on the date stated above                                                     |  |  |
|      | 23A. SIGNA                                                             |                                                             | 2 -                           | and that death occ                                       | 23B. ADDRESS     | n., from the couses and             | 23c. PATE SIGNED                                                             |  |  |
|      | 7                                                                      | Millios                                                     | - don                         | na · M.D.                                                | 48436            | and Henry                           | ~ 7/22/50                                                                    |  |  |
| 2    | 4A. BURIAL. (S                                                         | CREMA- 248. DATE                                            |                               | 24C. NAME OF CEME                                        | TERY OR CREMATOR | Y 249 LOCATION (City)               | town, or county) (State)                                                     |  |  |
|      | emoval (s                                                              |                                                             | -40                           |                                                          | A                | Hewyo                               | ER 11.7                                                                      |  |  |
| D    | ATE RECEIVE                                                            | D BY REGISTRAR                                              | E-water W. A.                 | URE                                                      | 126. FUNERAL D   | IRECTOR /                           | (ADDRESS                                                                     |  |  |
| 11   | 11 2 2 10E                                                             |                                                             | wor IYV                       | Maria, My                                                | Wiell Lon        | UND/ 2/00                           | Quetaw M                                                                     |  |  |



| 13-6-   | 5 2 |
|---------|-----|
| 50      |     |
| IDTH NO |     |

## BALTIMORE CITY HEALTH DEPARTMENT

|           | 50  | 6414 |
|-----------|-----|------|
| egistered | No. |      |

| JC NO DIEGO                     | ) 0.3 x x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | CERTIFIC                                | CATE         | OF DE          | ATH             | Regi                   | stered :            | No                           | 7 4 L                             |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------|--------------|----------------|-----------------|------------------------|---------------------|------------------------------|-----------------------------------|
| BIRTH NO.                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                         |              |                |                 |                        |                     |                              |                                   |
| 1. NAME OF D<br>(Type or Print) | PAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NIE             | Bul                                     | ENS          | TE.            | IN              | 2. DATE<br>OF<br>DEATH | 7-                  | 21-                          | -50                               |
|                                 | City, Maryland 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 476 2           | furlay o                                | wei          | USUAL R        | BIDENCE (       |                        | d lived. If<br>UNTY |                              | n : residence<br>efore admission) |
| B. FULL NAME<br>HOSPITAL OR     | OF (If not in hospi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | tal or institut | ion, give street ad                     | 4.6          | 2/1            | w               |                        |                     |                              |                                   |
| INSTITUTION                     | Mt Cur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | mel             | Hon                                     | c.           | CITY OR T      | time            | f outside corp         | orate limi          | ts, write R                  | URAL and give                     |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                         | Yrs. D.      | STREET         | DDRESS. (I      | rural/give lo          | cation.             | -                            | 1                                 |
| c. th of s                      | stay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | 45                                      | Mos.<br>Days | 5 /1           | Was             | Spen                   | 410                 | w                            | UT                                |
| FILLARES                        | 6. COLOR OR RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | WIDON           | E, MARRIED.                             |              | DATE OF        | BIRTH           | 9. AGE H               |                     | ll Under I Year<br>onths Day | Hours Min.                        |
| 10A USUAL OC                    | CCUPATION (Givekind of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | 000                                     | OP 11        | BIRTURI        | AGE (State or 1 | foreign countr         | 3* 1                | 1 12 CITI                    | IZEN OF                           |
| ork rose during most            | of working life, even if retired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IOB. KINE       | IND                                     | USTRY        | Pal            | au              | d                      | <i>y</i> )          |                              | AT COUNTRY                        |
| 13. EATHER'S                    | NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                         | 14           | MOTHER'        | S MAIDEN N      | IAME                   |                     |                              |                                   |
| Mush                            | ec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                         | 1            | Ley-           | er              | <i>a</i>               |                     |                              |                                   |
| 15. WAS DECEAS                  | ED EVER IN U. S. ARME<br>(If yes, give war or date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D FORCES?       | 16. SOCIAL                              | 179          | INFORMA        | NT , R          | 1                      | P                   | DDRESS                       | Acal                              |
| zes, bo or one hown,            | (1. 305, 8110 Was of due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | SECURITY                                | 190          | run            | rxt. Ilu        | MATOL                  | 111 7               | 1206                         | Dolla                             |
| 1 11.                           | (5.1/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                         | - UCE        | 10100          | CO MAN          | and the same           | ~ 3.                | LINTE                        | RVAL BETWEEN                      |
| 18. 44                          | 13 X 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | CA                                      | USE OF       | DEATH          |                 |                        |                     |                              | ET AND DEATH                      |
| DISEA                           | SE OR CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DIRECTLY        |                                         | 0            | 1              | - 9 \           |                        | _                   | -0                           |                                   |
| (This doe                       | LEADING TO DEA<br>s not mean the mode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of dving, e.    | g., (A)                                 | Cerl         | NULX           | N               | RMPM                   | Tha                 | ax - 1                       | o weeks                           |
| heart failt                     | ure, asthenia, etc. It me<br>complication which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ans the diseas  | se,                                     |              |                |                 |                        |                     | 0                            |                                   |
|                                 | ANTECEDENT CAU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SES             | L/                                      | 11-          | 02+            | ensi            | 0                      | 1-                  | 4                            |                                   |
| DISEASE                         | S OR CONDITIONS,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IE ANY GIVII    | (B)                                     | 1/2          | יוטי           | 711/31          | V.L.                   |                     | 4.                           |                                   |
| RISE TO                         | THE ABOVE CAUSE (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STATING T       | HE DUE TO                               | 01           |                |                 |                        |                     |                              |                                   |
| UNDERL                          | YING CONDITION L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AST.            |                                         |              |                |                 |                        |                     |                              |                                   |
| E                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | (C)                                     |              |                |                 |                        |                     |                              |                                   |
| E OTHER                         | II CONT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ITIONS          |                                         |              |                |                 |                        |                     |                              |                                   |
| TRIBUTIN                        | SIGNIFICANT COND<br>G TO THE DEATH, BUT<br>DISEASE OR CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NOT RELAT       | FD                                      | •••••        |                |                 |                        |                     |                              |                                   |
| 19A. DATE C                     | OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 19B. MAJOR      | FINDINGS OF                             | OPERATI      | ON             |                 |                        |                     | 20                           | . AUTOPSY?                        |
| <b>?</b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                         |              |                |                 |                        |                     | YES                          | NO NO                             |
| 21A. ACCIDI<br>HOMICIDE         | ENT. SUICIDE,<br>(Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | ACE OF INJURY farm, factory, atreet, of |              | 2 1C. WHE      |                 | (If in Baltime         | ore City,           | give exac                    | t location)                       |
|                                 | (Month) (Day) (Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ) (Hour)        | 21E. INJURY OG                          | CCURRED      | 21F. HOW       | / DID INJUR     | Y OCCUR?               |                     |                              |                                   |
| OF INJURY                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | m.              | WHILE AT NO                             | T WHILE      |                |                 |                        |                     |                              |                                   |
|                                 | ny certify that I at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | deceased from                           | ) un         | 10,0           | 1950, to        | 14-21                  |                     |                              | last saw th                       |
| deceased a                      | live on July-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.19.50.        | and that death                          | h occurred   | at             | _m., from       | the causes             | and on t            | he date                      | stated above                      |
| 23A. SIGNA                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | man             | Deidel.                                 | 23в.         | ADDRESS<br>402 | t Eu            | tan P                  | 2                   | 236. [                       | 22/50                             |
| 24A BURIAL                      | CREMA- 24B. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | 24C/NAME OF C                           | EMETERY      | OR CREMA       | TORY   24D. I   | OCATION (              | Sale Owr            | , or count                   | y) (State)                        |
| LINCON (S                       | Enecify) 7-23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -15             | Albrew                                  | Mit          | Care           | mel             | 1                      | Har                 | to                           | Med                               |
| DATE RECEIVE                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 'S SIGNATI      | JRE                                     | 12/          | . FUNERAL      | DIEECTOR        | /1                     |                     | ADERE                        | ss o                              |
| OCAL REGIST                     | OFO -1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | to W            | Miners M.                               | 1/2          | ck,            | Lewin           | me ?                   | 2100                | Eu                           | trus /2                           |
| -1111                           | The state of the s | LILING CO.      | A Paris de Verden. 11. (                |              |                | 1-000           |                        |                     |                              |                                   |

VS 150

who to be the plant plant

W-3506415

BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 64 S

| (T       | NAME OF D<br>'ype or Print)       | Martho                                                    | 134                          | Thitney                                                      |                            | 2. DATE OF DEATH Suly                         | 21/1950                                  |
|----------|-----------------------------------|-----------------------------------------------------------|------------------------------|--------------------------------------------------------------|----------------------------|-----------------------------------------------|------------------------------------------|
| A.       | PLACE OF D<br>Baltimore (         | City, Maryland                                            |                              | melak (He<br>on, give street address or                      | 4. USUAL RESIDENCE (W      | here deceased lived I ins                     | titution: residence<br>before admission) |
| H        | SPITAL OR                         | Or (II not in nosp                                        | ital or institutio           | location)                                                    |                            | outside corporate limits,                     | write RURAL and give township)           |
|          | 10.7                              |                                                           |                              | Yrs.                                                         | D. STREET ADDRÉSS (II      | rural, give logation)                         | 100 C                                    |
| d        | ngth of s                         | tay in Baltimore                                          | 0                            | Mos.<br>Days                                                 | 5206 Juny                  | em llak                                       | are.                                     |
| 5        | Hmale                             | 6. COLOR OR BACE                                          | WIDOW                        | MARRIED,<br>ED, DIVORCED (Specify)                           | May 25/1872                | 9. AGE (In years Hilm<br>last birthday) Month | hs Days Hours Min.                       |
| orl      | A. USUAL OC                       | CUPATION (Give kind of working life, even if retired      | 10B. KIND                    | OF BUSINESS OR INDUSTRY                                      | Jalmur                     |                                               | 2. CITIZEN OF<br>WHAT COUNTRY?           |
| 13       | FATHER'S                          | Jeorge.                                                   | 1101                         | they                                                         | 14. MOTHER'S MAIDEN NA     | ME                                            | To Billian to                            |
| 15<br>Ye | . WAS DECEASE<br>, no or uokoown) | D EVER IN U.S. ARM                                        | ED FORCES?                   | 16. SOCIAL<br>SECURITY NO.                                   | Mary Harting               | y 5206 Gray                                   | RESS Rak he                              |
| I        | 18. 4-                            | 20.1.                                                     | 181                          | /. X CAUSE                                                   | OF DEATH                   | + 1                                           | INTERVAL BETWEEN                         |
| Ī        | DISEAS                            | E OR CONDITION                                            | DIRECTLY                     | Pon                                                          | Bank Bank                  |                                               | S 304 444                                |
|          | heart failu                       | not mean the mode<br>re, asthenia, etc. It mo             | of dying, e. g.              |                                                              | orcacy acces               | wen                                           | 3 /1000 .                                |
|          | injury or                         | complication which                                        |                              | DUE TO                                                       |                            |                                               | 7                                        |
| 7        | DISEASE                           |                                                           |                              | (B) Keys                                                     | enteusem.a                 | steries                                       | . 450.                                   |
|          | RISE TO T                         | S OR CONDITIONS,<br>HE ABOVE CAUSE (A<br>VING CONDITION I | ) STATING THE                | E DUE TO SEE                                                 | leroses                    |                                               |                                          |
| )        |                                   |                                                           |                              | Car                                                          | curana of be               | do                                            | 2200                                     |
|          | OTHER S                           | II<br>IGNIFICANT CONI                                     | DITIONS CON-                 |                                                              |                            | to may K                                      | awedel                                   |
| 7        | TO THE O                          | TO THE DEATH, BU                                          | N CAUSING IT                 |                                                              |                            | /                                             | 0                                        |
| 7        | 19A. DATE O                       | FOPERATION                                                | 19B. MAJOR                   | FINDINGS OF OPER                                             | ATION                      |                                               | 20. AUTOPSY?                             |
| FULL     | 21A. ACCIDE<br>HOMICIDE           | NT, SUICIDE,<br>(Specify)                                 | 21B. PLAC<br>about home, far | CE OF INJURY (e. g., i<br>rm, factory, street, office bldg., | n or 21C. WHERE DID (I     | f in Baltimore City, give                     | e exact location)                        |
| IAI      | 210. TIME (                       | Month) (Day) (Yea                                         | (Hour) 2                     | IE. INJURY OCCURR                                            | ED 21F. HOW DID INJURY     | OCCUR?                                        |                                          |
|          |                                   |                                                           |                              | WORK NOT WHILE                                               |                            | 1-1-                                          |                                          |
| À        |                                   | y certify that I a                                        |                              |                                                              | , 19 <b>7-0</b> , to 7     |                                               | that I last saw the                      |
|          | deceased al                       |                                                           | <b>6</b> , 19, a             |                                                              | rred att. 3 1 Tm., from ti |                                               | 23c. PATE/SIGNED                         |
| 0        | 340                               | Steer                                                     | rec .                        | м. д. 3                                                      | 201 Hursen O               | ak line                                       | 1/21/50                                  |
| 110      | AA. BURIAL. CON, REMOVAL (S       | pecify                                                    | 1/1950                       | 4c. NAME OF CEMETE                                           | hedja 1                    | Taltimore                                     | Pred (State)                             |
|          | ATE RECEIVED                      | RAR                                                       | 'S SIGNATUR                  | W/11.                                                        | 25 FUNERAL DIRECTOR        | X P                                           | DDRESS                                   |
| 1        | L 23 195                          | 0                                                         | THE WAY TO SEE               | I YILLIA SILLA, MIS"                                         | eyway / while              | 1 4 00 4 (gra                                 | formaline                                |
|          | VS 150                            |                                                           |                              |                                                              | JV ATO                     |                                               | 52B                                      |

ach physican, of Caucer or durant condition, in his openion, was probably cause underly in death

| 13 | -6 | 26      | 6416 |
|----|----|---------|------|
|    |    | Charles |      |

| 1      | 7-05                       | 6416                                                     | RAI                        | TIMORE CITY HE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ALTH DEPARTMENT                        | 5                                       | 5416                                                |
|--------|----------------------------|----------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------------------------|
|        | U                          |                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E OF DEATH                             | Registered No.                          |                                                     |
| _      | IRTH NO.                   |                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                                                     |
|        | NAME OF D                  | ECEASED                                                  | John                       | Louis Burue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ker                                    | OF July                                 | 21 1950                                             |
|        | PLACE OF D                 |                                                          | .00 2                      | a n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4. USUAL RESIDENCE (V                  | Where deceased lived. If ins            | stitution : residence<br>before admission)          |
| -      | FULL NAME                  |                                                          | al or institution          | dom Road<br>on, give street address or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Marylan                                | id B. COUNTY                            | before admission)                                   |
|        | OSPITAL OR                 |                                                          |                            | location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | c. CITY OR TOWN (If                    | outside corporate limits,               |                                                     |
|        | 00                         |                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Balti                                  | more 24                                 | township)                                           |
| 1      |                            |                                                          |                            | 50 Yrs.<br>Mos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | o. STREET ADDRESS (If                  | rural, give location)                   |                                                     |
| c.     | gth of s                   | tay in Baltimore                                         |                            | Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 522 Random                             |                                         |                                                     |
| 5.     | SEX                        | 6. COLOR OR RACE                                         |                            | , MARRIED.<br>ED, DIVORCED (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8. DATE OF BIRTH                       |                                         | der I Year II Under 24 Hours<br>hs: Days Hours Min. |
|        | Male                       | White                                                    |                            | dower                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jan 8 1871                             | 79                                      |                                                     |
|        |                            | CUPATION (Give kind of of working life, even if retired) | 10B. KIND                  | OF BUSINESS OR<br>INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11. BIRTHPLACE (State or fo            | oreign country)   12                    | 2. CITIZEN OF<br>WHAT COUNTRY?                      |
|        |                            | Engineer                                                 | U.S.G                      | ov'T Boat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sandy Hook                             |                                         |                                                     |
| 13     | B. FATHER'S N              | NAME                                                     |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14. MOTHER'S MAIDEN N.                 | AME                                     |                                                     |
|        |                            | John Lou                                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Alice M.                               | Grumbine                                |                                                     |
| Ye     | m, no or unknown)          | OD EVER IN U. S. ARMED<br>(If yes, give war or date      | ) FORCES?<br>s of service) | 16. SOCIAL<br>SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 17. INFORMANT                          |                                         | PRESS                                               |
|        |                            |                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M.Adele Pagel                          | s 522 Rando                             | m Road                                              |
|        | 18. 47                     | 0.0                                                      | 154                        | X CAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OF DEATH                               |                                         | INTERVAL BETWEEN                                    |
|        | DISEAS                     | SE OR CONDITION                                          |                            | a to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ' 1 1                                  | 10.                                     |                                                     |
|        |                            | LEADING TO DEA                                           | of dying, c. g.            | , (A) COUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | issolutie He                           | ut declare                              | - unknown                                           |
|        |                            | re, asthenia, etc. It mes<br>complication which o        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                                                     |
|        |                            | ANTECEDENT CAUS                                          | SES                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                                                     |
| Z      |                            |                                                          |                            | (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ······································ | *************************************** |                                                     |
| 2      | RISE TO T                  | S OR CONDITIONS, I                                       | STATING TH                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                                                     |
| Z)     | UNDERLY                    | YING CONDITION LA                                        | ST.                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                                                     |
| F      |                            |                                                          |                            | (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                         |                                                     |
| 2      | OTHER S                    | II<br>SIGNIFICANT COND                                   | ITIONS CON                 | . 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | *                                       | 11,                                                 |
| III    |                            | TO THE OEATH, BUT                                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | noma of re                             | elum                                    | 12-20                                               |
|        |                            |                                                          | 9B. MAJOR                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATION                                  |                                         | 20. AUTOPSY?                                        |
| Z N    | June                       | 10,1950                                                  | car                        | comma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | M recum                                | L                                       | YES NO                                              |
| ă      | HOMICIDE                   | ENT, SÚICIDE,<br>(Specify)                               |                            | CE OF INJURY (e. g., i:<br>arm, factory, street, office bldg., e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | If in Baltimore City, giv               | e exact location)                                   |
| N<br>N |                            |                                                          |                            | National Contraction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                         |                                                     |
|        | OF INJURY                  | (Month) (Day) (Year)                                     | (Hour) 2                   | 1E. INJURY OCCURR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | Y OCCUR?                                |                                                     |
|        |                            |                                                          | m. W                       | WORK NOT WHILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                         |                                                     |
|        | hereb                      | y certify that I att                                     | ended the                  | deceased from Ju                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ne , 1950, to In                       | 15.21,1950                              | that I last saw the                                 |
|        |                            |                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rred at 4:10 [m., foom t               | he causes and on the                    | date stated above.                                  |
|        | 23A. SIGNA                 |                                                          | 10                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3B. ADDRESS                            |                                         | 23c. DATE SIGNED                                    |
|        | 1                          | mo t.                                                    | /fa                        | m. o.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I mallow foll                          | are )                                   | my 22/1950                                          |
| Z.     | AA. BURIAL.                | Specify) 248 DATE                                        | 2                          | 24c. NAME OF CEMETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | OCATION (City, town, or                 | county) (State)                                     |
|        | Burial                     | July 2                                                   | 24 1950                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | altimore Md                             |                                                     |
|        | ATE RECEIVE<br>OCAL REGIST |                                                          |                            | Villiania, Miss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25. FUNERAD DIRECTOR                   |                                         | ADDRESS                                             |
|        | · HIL 00                   | 1000                                                     | wayer 1                    | The state of the s | Manue & syster                         | / 1600 W.N                              | orth Ave                                            |
|        | JUS 150                    | 100                                                      |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                      | 1.1                                     | 115                                                 |

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Lee Lover 1 Mallow Hell Pell

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50

Registered No.

| 1. NAME OF DECE.<br>(Type or Print)                   |                                                                 | N. I          | lo maore                             |         |              |              | 2. DATE<br>OF<br>DEATH   | July         | 21 1950         |                         |
|-------------------------------------------------------|-----------------------------------------------------------------|---------------|--------------------------------------|---------|--------------|--------------|--------------------------|--------------|-----------------|-------------------------|
| 3. PLACE OF DEATH                                     | H:                                                              |               | Lexington St                         |         | USUAL RESID  | ENCE (WI     |                          | lived. If in | stitution : res |                         |
| B. FULL NAME OF                                       | AIZELI J IEELIG                                                 |               | ion, give street address             | or      | 0.0          | yland        |                          |              |                 |                         |
| HOSPITAL OR<br>INSTITUTION                            | A Wamania                                                       | 9. A          | location                             | n) C.   | CITY OR TOWN |              | utside corpo             | rate limits, | write RURA      | L and give<br>township) |
| 70 486                                                | d women's                                                       | o Aged        | Men's Homes                          | . D.    | STREET ADDR  | altimo       |                          | ation)       |                 |                         |
|                                                       | in Baltimore                                                    |               | Mos.<br>Days                         |         |              |              | ngton S                  |              |                 |                         |
|                                                       | OLOR OR RACE                                                    | MIDOM         | E. MARRIED.<br>/ED, DIVORCED (Specif | (y)     | DATE OF BIRT | - 4-         | 9. AGE (In<br>last birth | day) Mont    | hs Days Ho      | urs Min.                |
| Male                                                  | White<br>ATION (Give kind of                                    |               | o of Business or                     |         | ct. 24. 1    | State or for | eign country             | )   1        | 2. CITIZEN      | OF                      |
| rork done during most of worl                         | king life, even if retired)                                     |               | INDUSTR                              | Y       | 160          | vland        |                          |              | WHAT C          | OUNTRY?                 |
| 13. FATHER'S NAME                                     | E                                                               |               |                                      | 14.     | MOTHER'S MA  |              | ME                       |              |                 |                         |
| El                                                    | isha N. Dor                                                     | sey           |                                      |         |              | F            | lose Cul                 | llings       |                 |                         |
| 15. WAS DECEASED EN                                   | VER IN U. S. ARMEI                                              | FORCES?       | 16. SOCIAL<br>SECURITY NO.           | 17.     | INFORMANT    |              |                          |              | DRESS           |                         |
|                                                       |                                                                 |               |                                      |         | L. H. Re     | ad 14        | 100 W. I                 | jexing       |                 |                         |
| 18. 443                                               | X                                                               |               | CAUSE                                | OF      | DEATH        |              |                          |              | ONSET AN        |                         |
| LEA                                                   | OR CONDITION                                                    | TH            | 1                                    |         | GRAL HI      | -            | her .                    |              | 45              | he                      |
| heart failure, as                                     | mean the mode of<br>sthenia, etc. It mean<br>plication which of | ns the diseas | e,                                   | Andre A |              | Maskin       | ع من                     | <b>-</b>     |                 | -3                      |
|                                                       | enterna sur la              |               |                                      |         | 7            |              |                          |              | HINE.           |                         |
| ANT                                                   | ECEDENT CAUS                                                    | SES           | (B) H                                | VPI     | attensise    | usi          | terces                   | clipati      |                 |                         |
|                                                       | CONDITIONS, I                                                   |               | IG OUE TO C                          | 224     | ntinsire     | ular a       | liseas                   | e            |                 |                         |
|                                                       | CONDITION                                                       |               | (C)                                  |         |              |              |                          |              |                 |                         |
|                                                       |                                                                 |               |                                      |         |              |              |                          |              |                 | 730                     |
|                                                       | IFICANT CONDI                                                   |               |                                      |         |              |              |                          |              |                 |                         |
|                                                       | THE DEATH, BUT<br>SE OR CONDITION                               |               |                                      |         |              |              |                          |              |                 |                         |
| 19A. DATE OF O                                        | PERATION 0 1                                                    | 98. MAJOR     | FINDINGS OF OPE                      | ERATIO  | ON           |              |                          |              | 20. AUT         |                         |
| O 314 ACCIDENT                                        | WAS HARED                                                       | 1 218 PL      | ACE OF INJURY (e.g.                  | in or 1 | 21c. WHERE I | DID (If      | in Baltimor              | re City, giv | YES L           | NO L                    |
| LYING OR CO                                           | DNTRIBUTING                                                     |               | farm, factory, street, office bldg   |         | INJURY OCCU  |              |                          | 010,7 g.     | c chact soca    | 0.011)                  |
| 210. TIME (Mon<br>OF INJURY                           | th) (Day) (Year)                                                | (Hour)        | 21E. INJURY OCCUR                    | RED     | 21f. HOW DIE | INJURY       | OCCUR?                   |              |                 | 47                      |
|                                                       |                                                                 | m.            | WHILE AT NOT WHILE AT WORK           |         |              |              |                          |              |                 | è                       |
| I hereby ce                                           | rtify that I att                                                | tended the    | deceased from                        | Bbr     | uary , 195   | ,            | 11/20                    | , ,          | that I last     |                         |
| deceased alive                                        | on 2014 20                                                      | 2, 1950       | and that death occ                   | urred   | at 2. 304 m  | ., from th   | e causes a               | nd on the    |                 | ed above.               |
| New a                                                 | w Ellera                                                        | N 100         | м. o.                                |         | 2-33 I S     | +            |                          |              | uly 2           | SIGNED                  |
| 24A. BURIAL, CREM<br>TION, REMOVAL (Special<br>burial | 1A- 24B. DATE<br>(y) 7/21/1                                     | 50            | 4c. NAME OF CEMET<br>EKLO            | TERY C  | RCREMATORY   | Bal          | cation (C<br>timore      |              |                 |                         |
| DATE RECEIVED BY                                      |                                                                 | SSIGNATI      |                                      | 25.     | FUNERAL DIF  | 1            | 5.5                      |              | ADDRESS         |                         |
| LOCAL REGISTRAR                                       | tuitie                                                          | rator /       | Misure, M.                           | 21      | m. Cort      | Inc.         | 1217                     | St. Pa       | ulStre          | et                      |
| JULY 1501330                                          |                                                                 | 0             | The second of the second             |         |              |              |                          |              | 927             | )                       |
|                                                       |                                                                 | -1            |                                      | _it     | .) :         |              |                          |              | 10)             |                         |
|                                                       |                                                                 |               |                                      | -       |              |              |                          |              |                 |                         |

50 6418 CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE WHER (Type or Print) EDITH NEIR HORNE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or MARYLAND B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION MARYLAND GENERAL HOSP BALTIMORE D. STREET ADDRESS (If rural, give location) Mos. 2123 ST. PAUL ST. rth of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE: MARRIED 9. AGE (in years) It Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED 4-29-73 Widawed 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done daring most of working life, even if retired) INDUSTRY WHAT COUNTRY? MARYLAND Housewife U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KOBERT Sarah F. Cushing 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. NO 4-22-0196 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! AT WORK hereby certify that I attended the deceased from. 1950 to\_ . 1950, that I last saw the deceased alive on\_ 19 50 and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION NEMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY DIRECTOR FUNERAL VS 150 to de la fina de la fi

THERETH MEN MENDER THE MAIN STREET STATE OF THE PARTY OF THE PA

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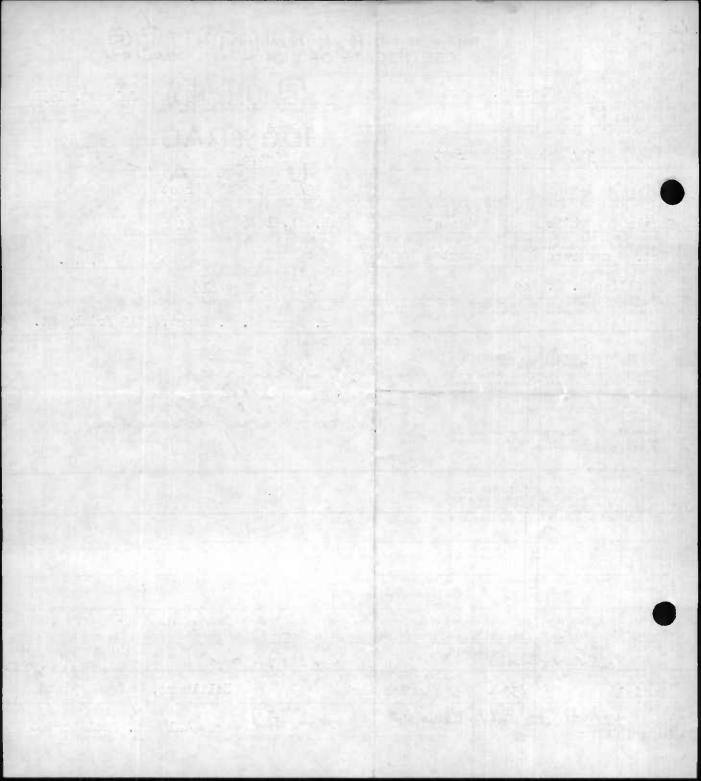
FO CATO

| -        | 50 6413                                                     |                                                                     |                                                                                           | TIMORE CITY HI                        |                                        |                                   | JC.            |                         |                                 |
|----------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------|-----------------------------------|----------------|-------------------------|---------------------------------|
| В        | IRTH NO.                                                    |                                                                     |                                                                                           | CERTIFICAT                            | E OF DEAT                              | Н                                 | egistered N    | (0                      |                                 |
|          | NAME OF DECEAS                                              |                                                                     | R. Sho                                                                                    | rt                                    |                                        | 2. DAT<br>OF<br>DEAT              |                | y 22, I                 | 1950                            |
| A.       | Baltimore City, I                                           |                                                                     | al on institut                                                                            | ion, give street address or           | 4. USUAL RESID<br>A. STATE<br>Maryland | ENCE (Where decea                 |                | institution:            |                                 |
| Н        | OSPITAL OR                                                  | B4 East 2                                                           |                                                                                           | location)                             | c. CITY OR TOWN Baltimo:               |                                   | rporate limits | s, write RUE            | RAL and give<br>township        |
| C        | ngth of stay in                                             | Baltimore                                                           |                                                                                           | Yrs.<br>Mos.<br>Days                  |                                        | ESS (If rural, give<br>25th Stree |                |                         |                                 |
| 5        | female 1                                                    | LOR OR RACE                                                         | widow                                                                                     | E. MARRIED.<br>ED. DIVORCED (Specify) | B. DATE OF BIRTH                       | lagt h                            | (in years   Mo | Under Year<br>nths Days | Il Under 24 Hours<br>Hours Min. |
| OF       | DA. USUAL OCCUPATE Ret. Seams                               | glife, even if retired)                                             |                                                                                           | of Business or<br>rt & Company        | 11. BIRTHPLACE( Maryland               | State or foreign cour             | itry)          | 12. CITIZE<br>WHAT      | COUNTRY                         |
|          |                                                             | I. C. Roe                                                           |                                                                                           |                                       | 14. MOTHER'S MA                        |                                   |                |                         |                                 |
| 15<br>Ye | 5. WAS DECEASED EVER                                        | R IN U.S. ARMEC                                                     | FORCES?                                                                                   | 16, SOCIAL<br>SECURITY NO.            | 17. INFORMANT Mr. Henry                | C, R. Short                       |                | DDRESS<br>Frisby        | St.                             |
| NO LANGE | (This does not m<br>heart failure, asth<br>injury or compli | enia, etc. It mea<br>cation which c<br>CEDENT CAUS<br>ONDITIONS. IF | f H<br>f dying, e. g<br>ns the diseas<br>aused death<br>EES<br>F ANY, GIVIN<br>STATING TH | OUE TO an                             | Le fule<br>Leurs<br>orona              | elerone<br>of The                 | omb            | ni                      |                                 |
| ことと      | OTHER SIGNIF                                                | E OEATH, BUT                                                        | NOT RELATE                                                                                | 0                                     |                                        |                                   |                |                         |                                 |
| J L      | 19A. DATE OF OPE                                            | RATION 1                                                            | 98. MAJOR                                                                                 | FINDINGS OF OPER                      | ATION                                  |                                   |                | 20. AL                  | UTOPSY?                         |
| MEDIC    | 21A. ACCIDENT W<br>LYING OR CON<br>CAUSE OF DEATH           | TRIBUTING                                                           |                                                                                           | CE OF INJURY (e. g., i                |                                        |                                   | more City, g   | ive exact lo            | cation)                         |
|          | 210. TIME (Month)<br>OF INJURY                              | (Day) (Year)                                                        |                                                                                           | VHILE AT NOT WHILE AT WORK            | 2 IF. HOW DID                          | INJURY OCCUR                      |                |                         |                                 |
|          |                                                             | July 17                                                             |                                                                                           | deceased from and that death occur    | red at 2 A m.                          | t, to fail 1                      | and on th      | ie date sta             | st saw the                      |
| -        | m. Est                                                      | hour                                                                | u                                                                                         | м. о.                                 | 44362                                  | STE                               |                | July                    | W155                            |
| 710      | 4A. BURIAL CREMA-<br>ON REMOVAL (Specify)<br>burial         | 7/25/5                                                              | 0                                                                                         | Loudon Par                            |                                        | Baltimor                          |                | Maryl                   | (State)                         |
|          | ATE RECEIVED BY DCAL REGISTRAR                              | REGISTRAR'S                                                         | STEIGH WITH                                                                               | RE LANGE, MARK                        | 25. FUNERAL DIR                        | F. Crc. 121                       | .7 St. F       | ADDRESS                 | reet                            |

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6420 Registered No\_

| BI            | RTH NO.                 |                                                 |                |                                                               |                                         |             |                                    |                |                                         |
|---------------|-------------------------|-------------------------------------------------|----------------|---------------------------------------------------------------|-----------------------------------------|-------------|------------------------------------|----------------|-----------------------------------------|
|               | NAME OF Daype or Print) | GEORGE W. CI                                    | LOUGH          |                                                               |                                         |             | 2. DATE<br>OF<br>DEATH J           | uly 21,        | 1950                                    |
|               | Baltimore               | DEATH:<br>City, Maryland                        |                |                                                               | 4. USUAL RESIDE                         | NCE (Wh     |                                    | . If instituti |                                         |
|               | FULL NAME               | OF (If not in hospit                            | al or institut | ion, give street address or location)                         | Maryland                                | (10 0       | utside corporate li                | mita muita     | DIIDAI and alas                         |
|               | STITUTION               | South Baltin                                    | nore Ge        | neral Hospital                                                |                                         |             | utside corporate ii                | 7 -            | township)                               |
| -             | 13                      | Doubli Darell                                   | HOTE GE.       | Yrs.                                                          | Baltimore                               |             | rel give location                  | 4              | 0.                                      |
|               | moth of                 | ton in Daltimon                                 |                | Mos.                                                          | 724 W. Cr                               |             |                                    |                |                                         |
| 5.            | gun or s                | stay in Baltimore                               | 7 SINGLE       | Days  <br>E. MARRIED.                                         | 8. DATE OF BIRTH                        |             |                                    | H Undar 1 Ye   | or I If Lindor 24 House                 |
|               | mole                    |                                                 | WIDOW          | /ED, DIVORCED (Specify)                                       | APRIL 23,                               |             | 9. AGE (ln years<br>last birthday) | Months Da      | Hours Min.                              |
| _             | male                    | white CUPATION (Give kind of                    |                | OF BUSINESS OR                                                | 11. BIRTHPLACE (S                       |             | eign country)                      | 12 CI          | TIZEN OF                                |
|               | done during most        | of working life, even if retired)               |                | INDUSTRY                                                      | 1                                       | (LANI)      | ,                                  |                | AT COUNTRY?                             |
| 13            | . FATHER'S              |                                                 | 175/0,0        | RING Co.                                                      | 14. MOTHER'S MA                         |             | ME                                 |                |                                         |
|               | 1.                      | 2                                               | 1064           |                                                               |                                         |             |                                    |                |                                         |
| 15            |                         | ED EVER IN U. S. ARMEI                          |                | I 16. SOCIAL                                                  | (                                       | JUKN        | 2006H 724                          |                |                                         |
|               |                         | (If yes, give war or date                       |                | SECURITY NO.                                                  | 17. INFORMANT                           | 11          | 7 77.                              | ADDRESS        |                                         |
|               |                         |                                                 |                |                                                               | MIR. GEORG                              | E 4. (1     | COUGH 124                          | W.CRO          | 755 5/-                                 |
|               | 18. 4.7                 | 0.1                                             |                | CAUSE                                                         | OF DEATH                                |             |                                    | ON             | SET AND DEATH                           |
|               | DISEA                   | SE OR CONDITION<br>LEADING TO DEA               |                | 0                                                             |                                         | 7 2         |                                    |                |                                         |
|               |                         | s not mean the mode oure, asthenia, etc. It mes | of dying, e.   | Dat (W)                                                       | ry artery sc                            | Lerosi      | .S                                 |                | **********************                  |
|               |                         | complication which                              |                |                                                               |                                         |             |                                    |                |                                         |
|               |                         | ANTECEDENT CAUS                                 | SES            |                                                               | 4                                       |             |                                    |                |                                         |
| ,             |                         |                                                 |                | (B)                                                           | *************************************** |             |                                    |                |                                         |
| <u>ō</u>      | RISE TO                 | S OR CONDITIONS, I                              | STATING TE     |                                                               |                                         |             |                                    |                |                                         |
| A             | UNDERL                  | YING CONDITION LA                               | AST.           | (C)                                                           | *************************************** |             | ********************************   |                | *************************************** |
| 2             |                         |                                                 |                |                                                               |                                         |             |                                    |                |                                         |
| 빌             |                         | II<br>BIGNIFICANT COND                          |                |                                                               |                                         |             |                                    |                |                                         |
| CERTIFICATION |                         | G TO THE DEATH, BUT<br>DISEASE OR CONDITION     |                |                                                               |                                         |             |                                    |                | ·                                       |
| Ü             | 19A. DATE               | OF OPERATION 1                                  | 98. MAJOR      | FINDINGS OF OPER                                              | ATION                                   |             |                                    | 20             | AUTOPSY?                                |
| 7             |                         |                                                 |                |                                                               |                                         |             |                                    |                | S X NO                                  |
| EDICAL        |                         | NAL CAUSE WAS                                   |                | ACE OF INJURY (e. g., in<br>farm,factory,street,officebldg.,e |                                         |             | in Baltimore Cit                   | y, give exa    | ct location)                            |
| 입             |                         | CAUSE OF DEATH.                                 |                |                                                               |                                         |             |                                    |                |                                         |
| Σ             | 21b. TIME<br>OF INJURY  | (Month) (Day) (Year)                            |                | 21E. INJURY OCCURRE                                           | D 21F. HOW DID                          | INJURY      | OCCUR?                             |                |                                         |
|               |                         |                                                 | mı.            | WHILE AT NOT WHILE                                            |                                         |             |                                    |                |                                         |
|               | I certi                 | fy that I took char                             | rge of the     | remains described a                                           | bove, held an                           |             | topsy                              |                | eon and from                            |
|               | the ev                  | idence obtained by                              | said Auto      | psy, Inspection or I                                          | naviry, find that                       | Autopsy, In | spection or Inqui                  | the day        | stated above.                           |
|               | and de                  | eath in my opinion                              | resulted f     | rom: natural causes                                           | X, accident [],                         | suicide [   | ], homicide [                      | , undeter      | mined [].                               |
|               | 23A. SIGNA              |                                                 |                |                                                               | 238. CHIEF ME                           | DICAL EX    | AMINER                             |                | SIGNED                                  |
|               | 10                      | July M. A                                       | Jun            | M.                                                            | D. MEDICAL INVE                         | STIGATO     | R                                  | July 2         |                                         |
| 2-4<br>TIC    | N. REMOVAL              | Specify   _ /                                   |                | 24C. NAME OF CEMETER                                          | RY OR CREMATORY                         | 24D. LO     | CATION (City, to                   | wn, or count   | ty) (State)                             |
| 1             | BURIAL                  | 1/25/3                                          | 50             | STEVENSUNLL                                                   | E CEM.                                  | STE         | VENSVICLE                          | , MO           |                                         |
| DA            | TE RECEIVE              | D BY REGISTRAR                                  | ( W//          | RE                                                            | 25. FUNERAL DIRE                        |             | ,                                  | ADDR           | ESS                                     |
|               | JULZA                   | 1334 Thurting                                   | Ton I'M        | haur, Mil                                                     | (1000 F. Le                             | ENNY,       | Inc. 715                           | 4647           | -57:                                    |
| v             | S 151                   | I I I I I I I I I I I I I I I I I I I           | 1 1 1 1 1 1 1  | 67A                                                           | - 1                                     |             |                                    | a              | 1                                       |
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RUMBO 0 6421 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) Sorlia Elisabeth OF 7-20-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION - ( Cownship) SALTIMORE (If rural, give location) Yrs. D. STREET ADDRESS Mos. FUPLAR GROVE ST. ogth of stay in Baltimore Davs 9. AGE (ln years) 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH H Unday 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) MARRIEN 10A. USUAL OCCUPATION (Give Lied of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ALTIMURS NO HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARNER. UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or uoknowo) (If yes, give war or dates of service) SECURITY NO. 411 HURRE GROVE ST. INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Posterior myocardial befor clien OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK I hereby certify that I attended the deceased from July 13 1950 to July 20 1950 that I last saw the deceased alive on July 20, 19 50 and that death occurred at 9 m., from the causes and on the date stated above. 238. ADDRESS 23A, SIGNATURE muram J. Dal 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 200 SURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR PENNY NO 7/5LIGHT ST

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| 6426<br>BIRTH NO.                               | 3                                                                               | BAL                                     | CERTIFICATE                                                   | OF DEAT             | H               | Registered                     | No.                 | 0466                            |
|-------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------|---------------------|-----------------|--------------------------------|---------------------|---------------------------------|
| 1. NAME OF C<br>(Type or Print)                 |                                                                                 | Victoria                                | a Urbanski                                                    |                     | 2.              | OF July                        | 22-19               | 50                              |
| 3. PLACE OF D<br>A. Baltimore (<br>B. FULL NAME | City, Maryland 7                                                                | Ol S.Wo.                                | lfe Street<br>on, give street address or                      | 4. USUAL RESIDI     | Tyland          |                                | f institution<br>be | n : residence<br>fore admission |
| HOSPITAL OR                                     | Daughters)Hor                                                                   | me(                                     | location)                                                     | c. CITY OR TOWN     |                 | ide cornorate lim              | its, write RI       | URAL and give<br>township       |
| gth of s                                        | tay in Baltimore                                                                |                                         | Yrs.<br>Mos.<br>Days                                          | 709 S.Wol           |                 |                                | .5                  |                                 |
| Female                                          | 6.COLOR OR RACE White                                                           |                                         | . MARRIED,<br>ED, DIVORCED (Specify)<br>DW                    | 8. DATE OF BIRTH    |                 | AGE (In years last birthday) M | onths Day           |                                 |
| IOA. USUAL OC<br>Drk deneduring most<br>House   | CUPATION (Give kind of of working life, even if retired) Wife                   | 10B. KIND                               | OF BUSINESS OR INDUSTRY                                       | 11. BIRTHPLACE (S   | State or foreig | n country)                     | 12. CITI            | ZEN OF<br>AT COUNTRY            |
| 13. FATHER'S 1                                  | ?? Rybard                                                                       | FORCES?                                 | 16. SOCIAL                                                    | 14. MOTHER'S MA Unk | nown            |                                | 1                   |                                 |
| (es, ga or uaknowa)                             | (If yes, give war or date                                                       | n of service)                           | SECURITY NO.                                                  | Catherine F         | arren 2         |                                | ington              | Street                          |
| OTHER S                                         | S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA  III GIGNIFICANT CONDI | F ANY, GIVIN<br>STATING TH<br>ST.       | (C) Leu                                                       | rilety              | mi<br>Dege      | -<br>water                     | Ē.                  |                                 |
| TO THE D                                        | ISEASE OR CONDITION                                                             | CAUSING I                               |                                                               |                     |                 |                                | 20.                 | AUTOPSY?                        |
|                                                 | PENT WAS UNDER-                                                                 |                                         | CE OF INJURY (e. g., in arm, factory, street, affice hidg., e |                     |                 | Baltimore City,                | give exact          |                                 |
| 210. TIME<br>OF INJURY                          | y certify that I att                                                            | m. ended the                            | and that death occur                                          | w 194/              | to Ju           | 0                              | he date s           | last saw the                    |
| ON REMOVAL (S<br>Burial                         | CREMA- 24B. DATE<br>Specify) 7/26/50                                            | 1/1                                     | St. Stanislaus                                                | RY OKOBEURIWKY      |                 | TION (City, town               | n, or county        | ) / (State)                     |
| OCAL REGIVE                                     |                                                                                 | S SIGNATU                               | re<br>Laurs, Multi                                            | George A.We         | ECTOR           |                                | eet.                | ss                              |
| VS 150                                          |                                                                                 | * < * * * * * * * * * * * * * * * * * * | Non-market and the                                            | pleorg              | f. a.           | Wes                            | her                 | 93)                             |

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' (If outside corporate linis, write KVR 1, and give INSTITUTION (ownship) (If ryral, give location) Yrs. Mos. gth of stay in Baltimore Dave 7. SINGLE, MARRIED, WIDOWED, DWORCED (Specify) 6. COLORAGE RACE 9. AGE (in years | | Under | Year | | Under 24 Hours | Introduce | Months | Days | Hours | Min. mile VSUAL OCCUPATION (Give kind of meduriog most of working life, ever if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY HER'S NAME MAIDEN NAME au WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, oo or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO alized arterio-schrosis 15 ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK AT WORK 2. 19) that I last saw the hereby certify that I attended the deceased from 19 50, and that death occurred at from the causes and on the date stated above. deceased alive on\_ m .. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-DATE RECEIVED BY ADDRESS LOCAL REGISTRAR VS 150

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HEALTH DEPARTMENT 6424 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE OF Anne DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF mary and HOSPITAL OR location) (If outside corporate limit write FORA and give C. CITY OR TOWN INSTITUTION Baltimore Cite township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 5008 Frederick Que 30 yrs. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 9. AGE (In years | Minder | Year | Hillinger 24 Hours | Inst birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH temale widowed 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? Clerk Hospital Womens Manylound U.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Cookman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 5008 Frederick Ave Yoh 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES esterne Cardy Vacular Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 7/21/50 7/21/50 , 19 , that I last saw the \_, 19\_\_\_, to\_ 196 , and that death occurred at 6:30 Am., from the causes and on the date stated above. deceased alive on 7/2/ 23A SIGNATURE 23c. DATE SIGNED 238. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-JION, REMOVAL (Specify) Loudon Park, 3801 Frederick Rd. Balto. 29. Md. July 24/50 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR AlO1 dmondson

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) CHESLEY ROMEO DEATH July 20, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Maryland General Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 865 Linden Avenue gth of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 9. AGE (In years | if Under 1 Year | if Under 24 Hours | last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) male colored 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BERTHPLACE (State or foreign country, 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? wherease 13. FATHER'S NAME 20218 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO oash 18. INTERVAL BETWEEN CAUSE OF DEATH 002X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Far advanced pulmonary tuberculosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSYT NO X YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB. UTING CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY AT WORK WORK 22. 1 certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR ..... 24A. BURIAL, CREMA-I 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify)

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DATE RECEIVED BY LOCAL REGISTRAR

ADDRESS

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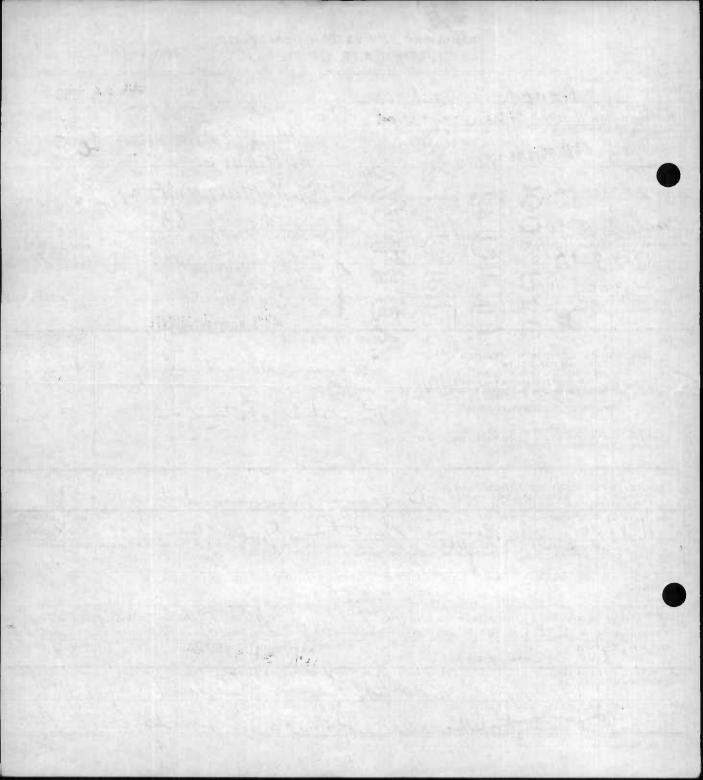
50 6426 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Ollie Green July 21, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR BELLIMONE CITY OSPITAL Section) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue altimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 700 N. Eden Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under | Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Female Negro May 10, 1888 Separated 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A lexander Martin Carrie Bailev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) | (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT APDRESS (Yes, no or unknown) SECURITY NO Records: B. C. H. 4940 Eastern Ave 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Miliary Tuberculosia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Tuberculosis of the thoracic Spine RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or ! 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT 1950 to . 19 5 that I last saw the 22. I hereby certify that I attended the deceased from 1950 10Pm., from the causes and on the date stated above. deceased alive on and that death occurred at\_\_\_ 23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Gity, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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|-----------|----------------------------|-----------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------|
|           |                            |                                                           | BALTIMORE CITY HE                                | EALTH DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | 0 6427                                            |
| BI        | RTH NO.                    |                                                           | CERTIFICAT                                       | E OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Registered No                            | )                                                 |
| 1.<br>(T  | NAME OF D<br>ype or Print) | George                                                    | Jackson                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. DATE OF JUL 2                         | 2 1950                                            |
|           | Baltimore C                |                                                           | u 2- wol                                         | 4. USUAL RESIDENCE (W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Where deceased lived. If ir<br>B. COUNTY | stitution : residence<br>before admission)        |
| H         | FULL NAME                  |                                                           | nstitution, give street address or<br>location)  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | outside corporate limits,                | write RWRAL and give                              |
| IN        | STITUTION                  | 19HNS HUPKINS HOS                                         | PHAL                                             | Battimone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | township)                                         |
| -         |                            |                                                           | Yrs.<br>Mos.                                     | D. STREET ADDRESS (If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | rural, give location)                    |                                                   |
|           | Length of s                | tay in Baltimore  6. COLOR OF RACE   7. S                 | Days                                             | 1700 Northe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MN PKWY                                  |                                                   |
|           | male                       | colored "                                                 | /IDOWED, DIVORCED (Specify)                      | 11-9-89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 60                                       | nder I Year H Under 24 Hours this Days Hours Min. |
|           | dope during most o         | f working life, even if retired)                          | KIND OF BUSINESS OR INDUSTRY                     | 11. BIRTHPLACE (State or fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | oreign country)                          | 2. CITIZEN OF                                     |
| 13        | FATHER'S                   | DIAM A                                                    | PI. HOUSE                                        | 14. MOTHER'S MAIDEN N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AME -                                    | U.S.A                                             |
|           | SAMO                       |                                                           |                                                  | ELIZEBETH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                   |
| 15<br>(Ye | . WAS DECEASE              | D EVER IN U. S. ARMED FOR                                 | CES? 16. SOCIAL SECURITY NO.                     | 17. INFORMANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ADI                                      | DRESS                                             |
| _         | 10 /                       |                                                           |                                                  | the same of the sa | NS HOSPITE                               | INTERVAL BETWEEN                                  |
|           | 18. 6 / D                  | E OR CONDITION DIRE                                       |                                                  | OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A                                        | ONSET AND DEATH                                   |
|           |                            | LEADING TO DEATH<br>not mean the mode of dyir             | (1                                               | many Thron                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | fosis                                    | I day?                                            |
|           | heart failu                | re, asthenia, etc. It means the complication which caused | disease.                                         | J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                   |
|           |                            | ANTECEDENT CAUSES                                         | P                                                | 4. 1+                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1:                                       | 2                                                 |
| NO        | DISEASES                   | OR CONDITIONS, IF ANY                                     | GIVING (B)                                       | som from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | eur.                                     | 3 910                                             |
| CATION    | RISE TO T                  | HE ABOVE CAUSE (A) STAT                                   | ING THE DUE TO                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                   |
| 10        |                            |                                                           | (C)                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ••••••                                   |                                                   |
| ERTIFI    | OTHER S                    | II<br>IGNIFICANT CONDITION                                | S CON. A                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WI                                       |                                                   |
| CE        | TRIBUTING                  | TO THE DEATH, BUT NOT P                                   | RELATED Carry                                    | a involving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | fedrego                                  |                                                   |
| ار        | 19A. DATE O                | F OPERATION 198. M                                        | AJOR FINDINGS OF OPER                            | RATION (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | .0.                                      | 20. AUTOPSY?                                      |
| EDICA     | 21A. ACCID                 |                                                           | B. PLACE OF INJURY (e. g., i.                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If in Baltimore City, given              | ve exact location)                                |
| MED       |                            | CONTRIBUTING   abou                                       | t home farm, factory, street, office bldg.,      | etc.) INJURY OCEUR?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                                   |
|           | 21D. TIME (                | Month) (Day) (Year) (House                                | yhile at Not while                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OCCUR?                                   |                                                   |
| L         |                            |                                                           | m.   WORK   AT WORK                              | 19 154 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - 19 67                                  |                                                   |
|           |                            | y certify that I attended                                 | d the deceased from / = 50, and that death occur | 700 / to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | he causes and on the                     | that I last saw the                               |
|           | 23A. SIGNAT                |                                                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PITAL                                    | 23c. DATE SIGNED                                  |
| 2.0       | A. BURIAL, C               | REMA- 248. DATE                                           | M. D.                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | 7-22-50                                           |
| Tic       | N. REMOVAL (S              | 7/27/5                                                    | -o Brooks                                        | haple Ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ELVET CO                                 | · Ma (State)                                      |
|           | CAL REGIST                 | PAR REGISTRADES SIG                                       | NATURE NATURE                                    | Seph Q.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Lively-66                                | W. Baro                                           |
|           | VS 150                     | 74                                                        |                                                  | 1711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 -                                      | sx.                                               |
|           |                            |                                                           | 77                                               | 0,14 0 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5.                                       | 20                                                |
|           |                            |                                                           |                                                  | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                                   |

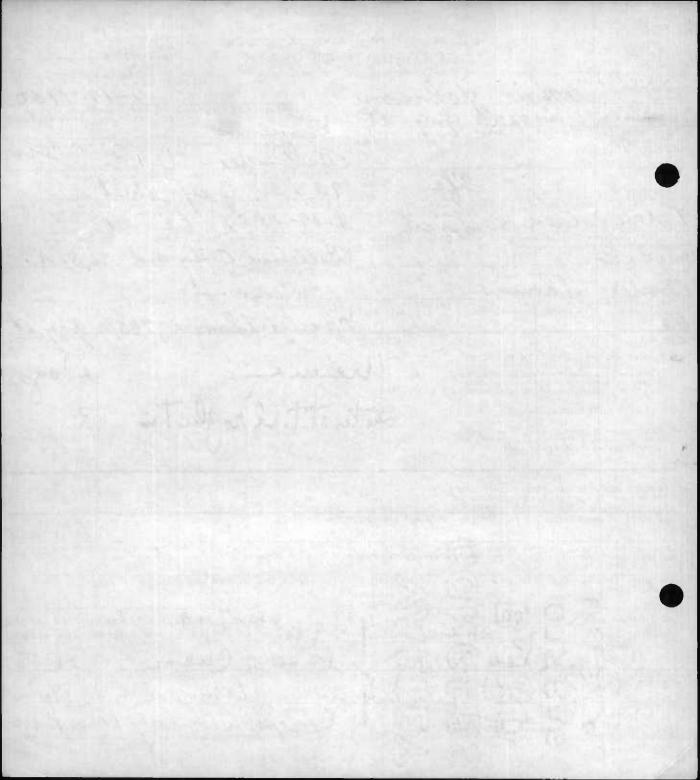


## CERTIFICATE OF DEATH

50 6428

BALTIMORE CITY HEALTH DEPARTMENT Registered No. I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 9 A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital b institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION Yrs. **ADDRESS** (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX MARRIED AGE (in years | | Under | Year last birthday) | Months: Days WIDOWED, DIVORCED (Specify) 62 idured 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR E (State or foreign country) 12. CITIZEN OF wask dane during most of warking life, even if retired) INDUSTRY WHAT COUNTR 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no nr unknown) (If yes, give war or dates of service) SECURITY NO 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from... 19 that I last saw the deceased alive on\_ 1930 and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-CEMETERY DR CREMATORY TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS UNERAL DIRECTOR LOCAL REGISTRAR

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| BALTIMORE CITY HEALTH DEPARTMENT 50 6429 |                                                                                                                           |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                   |                                                 |                                                                                |                                  |                                                      |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------|
| BI                                       | BIRTH NO. CERTIFICATE OF DEATH Registered No.                                                                             |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                   |                                                 |                                                                                |                                  |                                                      |
| (T                                       | NAME OF D                                                                                                                 | MAR                                                                                                                                                                                                                                                                                                     | GARET                                                                                                                                                                             | R. LA                                           | NUMERS                                                                         | 2. DATE OF DEATH JULY            | 20,1950,                                             |
| 3.<br>A.                                 | PLACE OF D<br>Baltimore (                                                                                                 | EATH:<br>City, Maryland 3                                                                                                                                                                                                                                                                               | 80.8 HL                                                                                                                                                                           | JDSON ST                                        | 4. USUAL RESIDENCE                                                             |                                  |                                                      |
| B.<br>HC                                 | FULL NAME<br>OSPITAL OR<br>STITUTION                                                                                      |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                   | give street address<br>location                 |                                                                                | (If outside corporate limits,    | write RURAL and give township)                       |
| c.                                       | Length of s                                                                                                               | tay in Baltimore                                                                                                                                                                                                                                                                                        | ABOUT                                                                                                                                                                             | 50 Yrs<br>Mos<br>Day                            | 3808 H                                                                         | If rural, give location) UDSON 5 | 7.                                                   |
| F                                        | EMALE                                                                                                                     | WHITE                                                                                                                                                                                                                                                                                                   | WIDOI                                                                                                                                                                             | DIVORCED (Specia                                | HPR. 4, 1883                                                                   | last birthday)   Mon             | leder I Yest H Under 24 Hours<br>the Days Hours Min. |
| Fork                                     | done during moet                                                                                                          | CUPATION (Give kind of<br>pl working life, even if retired)<br>WORK                                                                                                                                                                                                                                     | A- 11                                                                                                                                                                             | OME                                             | GERMA                                                                          | INY                              | 12. CITIZEN OF<br>WHAT COUNTRY?                      |
| ? SCHIFFLER                              |                                                                                                                           |                                                                                                                                                                                                                                                                                                         | 14. MOTHER'S MAIDEN NAME UNKNOWN                                                                                                                                                  |                                                 |                                                                                |                                  |                                                      |
| 15<br>Yes                                | . WAS DECEAS<br>, no or unknown)                                                                                          | ED EVER IN U. S. ARME<br>(If yes, give war or dute                                                                                                                                                                                                                                                      | D FORCES? 16                                                                                                                                                                      | SOCIAL<br>SECURITY NO.                          | 17. INFORMANT MRS. EILERT                                                      | . AD                             | HUDSON ST                                            |
| MEDICAL CERTIFICATION                    | (This does heart failt injury or DISEASE RISE TO TUNDERLY OTHER STRIBUTION, TO THE CO. 19A. DATE CO. 19A. ACCIDE HOMICIDE | SE OR CONDITION LEADING TO DEA a not mean the mode are, asthenia, etc. It mer complication which  ANTECEDENT CAU  S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L  SIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION ENT. SUICIDE, (Specify)  (Month) (Day) (Year | TH  of dying, e.g., ans the disease, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED N CAUSING IT.  19B. MAJOR FII  21B. PLACE about home, farm, fi | (A)                                             | ERATION  , in or 21c, WHERE DID 10, etc.) 1NJURY OCCUR?  RED 21F, HOW DID INJU | (If in Baltimore City, g         | 20. AUTOPSY? YES NO                                  |
|                                          | deceased a                                                                                                                | Type Jas                                                                                                                                                                                                                                                                                                | 7-20, 1950<br>the causes and on the                                                                                                                                               | e date stated above.  23c. DATE SIGNED  7-22-50 |                                                                                |                                  |                                                      |
| TIC                                      | A. BURIAL.                                                                                                                | Specify) JULY 24                                                                                                                                                                                                                                                                                        | 1                                                                                                                                                                                 |                                                 | NN CEM. 72                                                                     | 25 EASTER                        |                                                      |
|                                          | TE RECEIVE                                                                                                                | D BY   REGISTRAR                                                                                                                                                                                                                                                                                        | S SIGNATURE                                                                                                                                                                       | ance, At M                                      | laharles & Sei                                                                 | ₹                                | ADDRESS<br>NKLING ST.                                |
| 3                                        | Vs 150                                                                                                                    | * · \                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                   | M respectations of the                          | 5 A 9 B                                                                        |                                  | 93)                                                  |

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| ii.  | 0431  | BALTIMORE CITT HEALTH DEPARTMENT |
|------|-------|----------------------------------|
|      | O.KOT | CERTIFICATE OF DEATH             |
| IRTH | NO.   | OEKTH TOKTE OF BEKITT            |
|      |       |                                  |

| BIRTH NO.                                                                                              | CERTIFICATE                                                                | OF DEATH                      | Registered No.                         | UROL                                    |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------|----------------------------------------|-----------------------------------------|
| 1. NAME OF DECEASED (Type or Print)                                                                    | 0                                                                          |                               | 2. DATE OF                             | ada sam                                 |
| 3. PLACE OF DEATH. A. Baltimore City, Maryland 1305                                                    | slind ave !!                                                               | 4. USUAL RESIDENCE (WA. STATE | here deceased lived a instit           | ution: residence<br>before admission)   |
| B. FULL NAME OF (If not in hospital or institution)  INSTITUTION                                       |                                                                            | c. CITY OR TOWN (If           | outside corporate limits, wri          | te RURAL and give                       |
| 40                                                                                                     |                                                                            | Balto                         | 7-04                                   | to waship?                              |
| ength of stay in Baltimore 50                                                                          | Yrs.<br>Mos.<br>Days                                                       | 305 darlind                   | ave                                    |                                         |
| 1 0 1 WIDO                                                                                             | E. MARRIED. WED. DIVORCED (Specify)                                        | ONTE OF BIRTH                 | 9. AGE (In years last birthday) Months |                                         |
| 10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)             | D OF BUSINESS OR INDUSTRY                                                  | 1. BIRTHPLACE (State or fo    |                                        | CITIZEN OF<br>WHAT COUNTRY?             |
| 13. FATHER'S NAME                                                                                      | 1                                                                          | 4. MOTHER'S MAIDEN NA         | ME                                     |                                         |
| O'alrick Torney                                                                                        | 1                                                                          | Mary Magu                     | ire                                    |                                         |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES Yee, no or unknown) (If yee, give war or dates of service) | 16. SOCIAL<br>SECURITY NO.                                                 | 7. INFORMANT                  | 2 FOI & PADDRE                         | t st                                    |
| 18. 442 X                                                                                              | CAUSE OF                                                                   | DEATU                         |                                        | NTERVAL BETWEEN                         |
| DISEASE OR CONDITION DIRECTLY                                                                          | ( A                                                                        | 0. ~ 1.                       | 1 1                                    | 7                                       |
| (This does not mean the mode of dying, e. heart failure, asthonia, etc. It means the disci             | 8., (A). Chr                                                               | esselvohe a                   | de l'oscular                           |                                         |
| injury or complication which caused dear                                                               | h.) DUE TO                                                                 | Menal dire                    | od.                                    |                                         |
| ANTECEDENT CAUSES                                                                                      |                                                                            |                               |                                        |                                         |
| DISEASES OR CONDITIONS, IF ANY, GIV                                                                    | (B)                                                                        |                               |                                        | ••••••••••••••••••••••••••••••••••••••• |
| RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.                                        |                                                                            |                               |                                        |                                         |
|                                                                                                        | (C)                                                                        |                               |                                        | ••••••••••••                            |
| OTHER SIGNIFICANT CONDITIONS CO                                                                        | ED                                                                         |                               |                                        |                                         |
| TO THE DISEASE OR CONDITION CAUSING                                                                    | R FINDINGS OF OPERAT                                                       | TION                          |                                        | 20. AUTOPSY?                            |
|                                                                                                        |                                                                            |                               |                                        | YES NO V                                |
|                                                                                                        | .ACE OF INJURY (e. g., in o<br>, farm, factory, street, office bldg., etc. |                               | f in Baltimore City, give e            | xact location)                          |
| 21D. TIME (Month) (Day) (Year) (Hour)                                                                  | 21E. INJURY OCCURRED                                                       | 21F. HOW DID INJURY           | OCCUR?                                 |                                         |
| m.                                                                                                     | WHILE AT NOT WHILE AT WORK                                                 |                               |                                        |                                         |
| 22. I hereby certify that I attended th                                                                |                                                                            | ,,,                           | ily 22, 1900, the                      |                                         |
|                                                                                                        |                                                                            | ed at 6 Am., from th          |                                        |                                         |
| 23A. SIGNATURE S. Phun                                                                                 | M. D. 238                                                                  | 1115 h. Ca                    | lues In 23                             | LY/10                                   |
| 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)                                                  | 9 ALLE CEMETERY                                                            | OR CREMATORY 24D. LC          | dail R                                 | unty) (State)                           |
| DATE RECEIVED BY REGISTRAR'S SIGNAT                                                                    | URE 2                                                                      | 5. FUNERAL DIRECTOR           | ADE                                    | RESS                                    |
| JUL 24 1050                                                                                            | Mianie, M. &                                                               | eo. S. le ook 170             | 1-03. N. Oatters                       | on Park                                 |

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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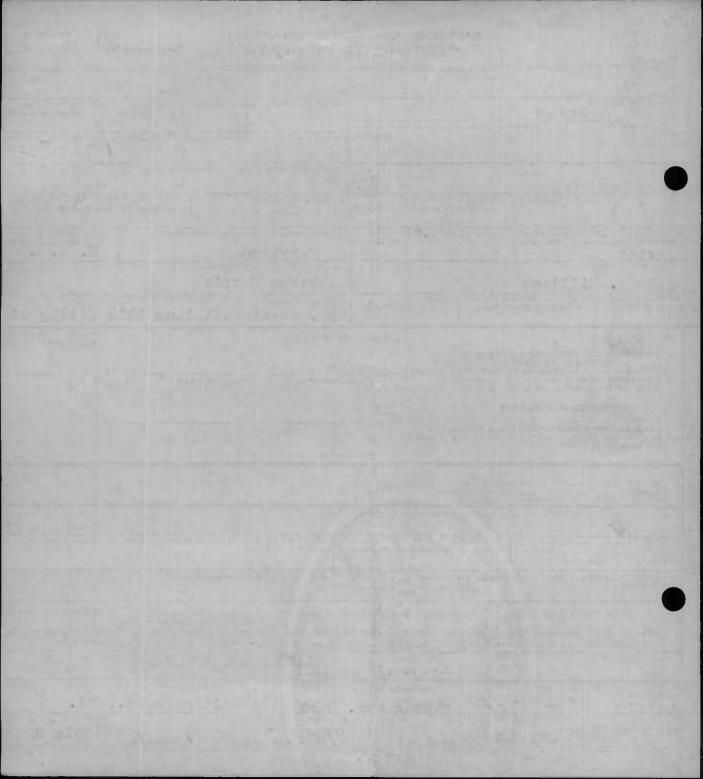
Registered No\_ BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Bettie, Wise OF 21-1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospita Tation) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 4940 Eastern Ave Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore Days Laurens 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years if Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Female 1869 Negro Widowed 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (D) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. Records B.C.H. 4940 Lastern Ave. 18 INTERVAL BETWEEN CAUSE OF DEATH 0,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Arteriosclerotic Heart Disease heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Generalized Arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO X 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 10-24 to 7-21-19599 22. I hereby certify that I attended the deceased from deceased alive on 21-1950 and that death 7.0419 and that death occurred at 8:00 mA. From the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave 7-22-50 BURIAL, CREMA-240 LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAR 1951 VS 150

THE REPORT OF THE PARTY OF THE

CHRIST WENT ----342 0.484 PM-0403 emper In-- Hammerical Bos 1 11 the statement . Atta months Class . . . . acrostic 0.31-10-6 

## BALTIMORE CITY HEALTH DEPARTMENT

| В            | IRTH NO.                          | •                                                          |                                  | CERTIFICAT                                                    | E OF DEATH                                                       | Registered No.                               | 0433                                    |
|--------------|-----------------------------------|------------------------------------------------------------|----------------------------------|---------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------|-----------------------------------------|
|              | NAME OF (<br>Type or Print)       | DECEASED                                                   | lub                              | n Willia.                                                     | MS                                                               | 2. DATE<br>OF<br>DEATH                       | 150                                     |
| Α.           |                                   | City, Maryland                                             | 1                                |                                                               | 4. USUAL RESIDENCE (V                                            | Where deceased lived, If instit              | ution : residence<br>before admission)  |
| H            | OSPITAL OR                        | OF ('f not in hospi                                        | tal or institut                  | ion, give street address or<br>location)                      |                                                                  | f outside corporate limits, wri              | to DIIDAI and sine                      |
| 11           | STITUTION                         | et. Josep                                                  | 2/3                              |                                                               | Bu /to                                                           | 17 A                                         | ) - O township)                         |
| r            |                                   |                                                            |                                  | Yrs.<br>Mos.                                                  | D. STREET ADDRESS (If                                            | rural, give location)                        |                                         |
| 5.           | SEX                               | stay in Baltimore                                          |                                  | Days<br>E. MARRIED.                                           | 8. DATE OF BIRTH                                                 | 9. AGE (In years) If Under 1                 | Year   II Under 24 Hours                |
|              | 14                                | C                                                          |                                  | ED DIVORCED (Specify)                                         |                                                                  | last birthday) Months                        | Days Hours Min.                         |
| 10           | A. USUAL OC<br>k done during most | CUPATION (Give kind of<br>of working life, even if retired | 108. KIND                        | OF BUSINESS OR INDUSTRY                                       | 11. BIRTHPLACE (State or fo                                      |                                              | HAT COUNTRY                             |
| 12           | Porter<br>B. FATHER'S             |                                                            | IFAC                             | tory                                                          | Maryland                                                         | U                                            | . S. A.                                 |
| 1            |                                   | . Williams                                                 |                                  |                                                               | 14. MOTHER'S MAIDEN N. Rebecca Harri                             |                                              |                                         |
| 15           | . WAS DECEAS                      | ED EVER IN U. S. ARME                                      | D FORCES?                        | I 16. SOCIAL                                                  | 17. INFORMANT                                                    | -                                            |                                         |
| (Ye          | s, no or nuknown)                 | (If yes, give war or date                                  | es of service)                   | SECURITY NO.                                                  | Mrs. Bessie Wi                                                   | illiams 1112 E                               | tting St                                |
|              | 18. 47                            | >-1.                                                       |                                  | CAUSE                                                         | OF DEATH                                                         |                                              | NTERVAL BETWEEN                         |
|              | DISEA                             | SE OR CONDITION<br>LEADING TO DEA                          |                                  | 1                                                             | 1 / 1.                                                           |                                              |                                         |
|              | heart fail                        | s not mean the mode<br>ure, asthenia, etc. It me           | of dying, e. g<br>ans the diseas | e,                                                            | Fannage least it                                                 | 126                                          |                                         |
|              | injury of                         | complication which                                         |                                  | .) DUE TO                                                     |                                                                  |                                              |                                         |
| -            |                                   | ANTECEDENT CAU                                             |                                  |                                                               | ***************************************                          |                                              | *************************************** |
| Ö            | RISE TO                           | S OR CONDITIONS, THE ABOVE CAUSE (A)                       | STATING TH                       |                                                               |                                                                  | 3 FA                                         |                                         |
| CAT          | ONDERE                            | TIMO CONDITION 2                                           | A31.                             | (C)                                                           |                                                                  |                                              |                                         |
| ERTIFICATION | OTHER                             | SIGNIFICANT COND                                           | ITIONS CON                       | 1.                                                            |                                                                  |                                              |                                         |
| ERI          | TRIBUTIN                          | G TO THE DEATH, BUT                                        | NOT RELATE                       | D                                                             | 4                                                                |                                              | •••••                                   |
| CC           | 19A. DATE                         | OF OPERATION                                               | 19B. MAJOR                       | FINDINGS OF OPER                                              | ATION                                                            |                                              | 20. AUTOPSY?                            |
| EDICAL       | UNDERLYIN                         | NAL CAUSE WAS<br>IG OR CONTRIB-<br>CAUSE OF DEATH          | about home, f                    | CE OF INJURY (e. g., in arm, factory, street, office bldg., e |                                                                  | If in Baltimore City, give en                | xact location)                          |
| M            | 21D. TIME<br>OF INJURY            | (Month) (Day) (Year                                        |                                  | 21E. INJURY OCCURR                                            | ED 21F. HOW DID INJURY                                           | Y OCCUR?                                     | BI STE                                  |
|              | 22. I certi                       | ify that I took ehar                                       | rge of the                       | remains described a                                           | bove, held an                                                    | 2,200 to the                                 | creon and from                          |
|              | the ev                            | idence obtained by eath in my opinion                      | said Auto                        | psy, Inspection or I<br>rom: natural eauses                   | nquiry, find that said do go accident , suicide                  | Inspection or Inquiry eeeased died on the da | y stated above, ermined $\Box$ .        |
|              | 23A. SIGNA                        | TURE                                                       | 2 . Tu                           | lunde M                                                       | 23B. CHIEF MEDICAL<br>ASSISTANT MEDICAL<br>D. MEDICAL INVESTIGAT | EXAMINER                                     | TE SIGNED                               |
|              | 4A. BURIAL.<br>ON, REMOVAL (      |                                                            |                                  | 24c. NAME OF CEMETE                                           | RY OR CREMATORY 240. L                                           | OCATION (City, town, or cou                  |                                         |
|              | Rurial                            | 1-2                                                        | 7-50                             | Arbutus Mem.                                                  |                                                                  | Ltimore Co., M                               | Id.                                     |
|              | CAL REGIST                        |                                                            | S SIGNATU                        | a stid Ad to                                                  | 25. FUNERAL DIRECTOR                                             | . /                                          | ddle &                                  |
| v            | S 151                             | The state of                                               | AL IIVA                          | - morning 720                                                 | 4V                                                               | 93                                           | 0                                       |
|              | and the latest                    | te wagenerani c                                            | MINISTER STATE                   | 00                                                            |                                                                  |                                              |                                         |



50 6434 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate Imits, write HURAL and give C. CITY OR TOWN INSTITUTION ONNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years It Under | Year | It Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) monnea 1897 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTR' DONESLUT 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. MANAS HOPEINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH FICU/O ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)

#### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C) .

Hypertursive cardicianalar

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

DUE TO

21A. ACCIDENT WAS UNDER.

LYING OR CONTRIBUTING

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID 21E. INJURY OCCURRED

INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

CAUSE OF DEATH

WHILE AT WORK 22. I hereby certify that I attended the deceased from\_

1920/to

. 192 4, that I last saw the

23A. SIGNATURE 24A. BURIAL, CREMA-JION, REMOVAL (Specify)

deceased alive on\_\_\_\_

24B. DATE

24c. NAME OF CEMETERY OR CREMATORY

19 20, and that death occurred at 23B. ADDR

m., from the causes and on the date stated above.

23C. DATE SIGNED

20. AUTOPSY

Surral DATE RECEIVED BY LOCAL REGISTRAR

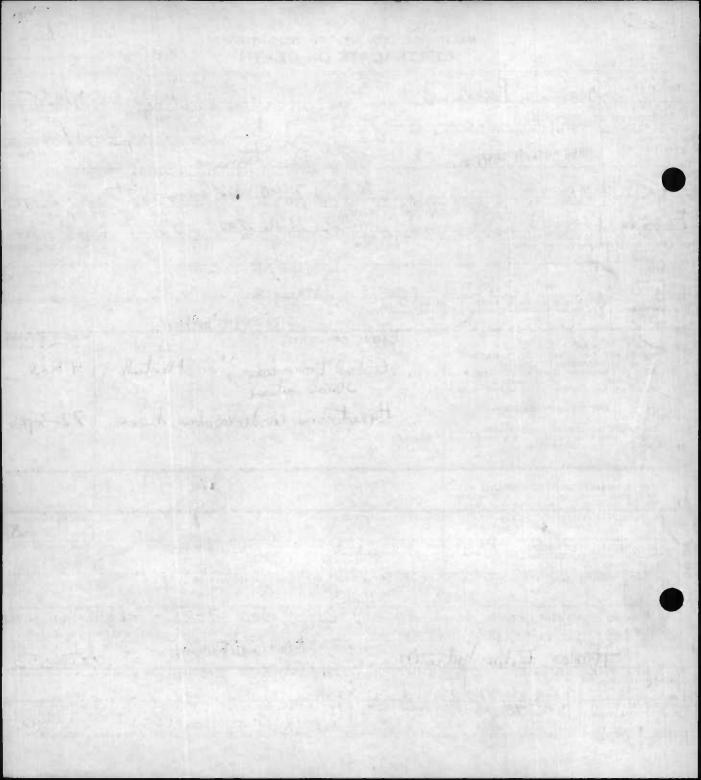
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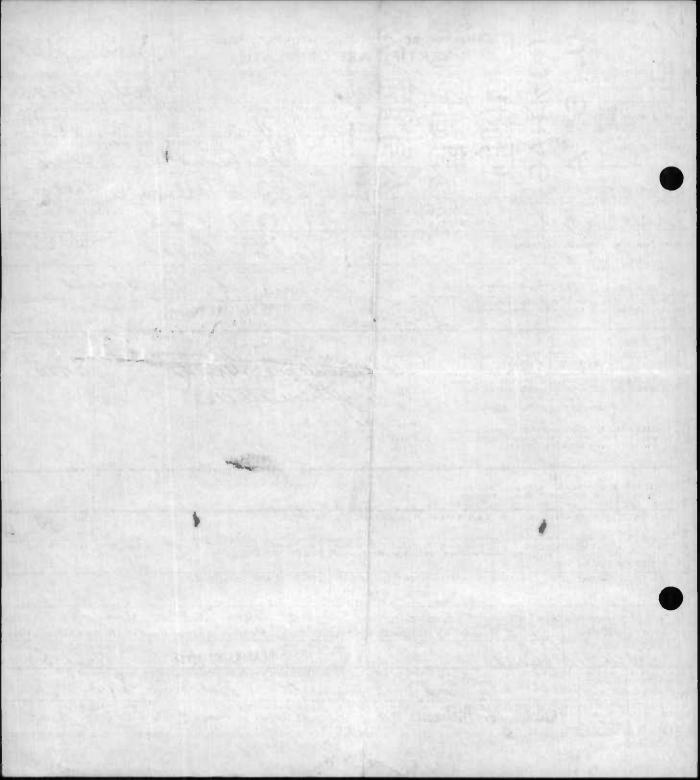
FUNERAL DIRECTOR

24D. LOCATION (City, town, or county) ADDRESS

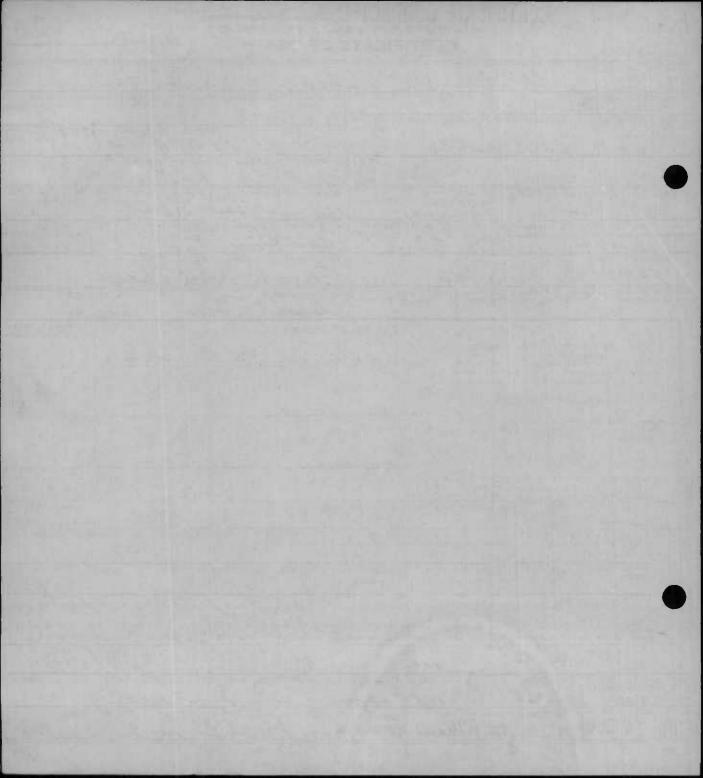
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) OF OUNK DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B/COUNTY STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR JOHNS MOPKINS HOSPITAL location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Terris Co 10A. USUAL OCCUPATION (Give kind of t 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during mong of working life, even if retired) INDUSTRY WHAT COUNTRY? abov. ODD JOBS 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMAS HOPKINS MOSPITAL 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, restleen store injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 7-21- 1950 that I last saw the 22. I hereby certify that I attended the deceased from. -20 - 1950 to deceased alive on 7-21-19 50 and that death occurred at 2 35 m. from the causes and on the date stated above. 234 SIGNATURE 23c. DATE SIGNED 1-21-50 24A. BURIAL, CREMA-TION REMOVAL (Specify) 248 DATE 24G NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Junus DATE RECEIVED BY REGISTRAR'S SIGNA 25 FUNERAL DIRECTOR . LOCAL REGISTRAR Drug de coule VS 150



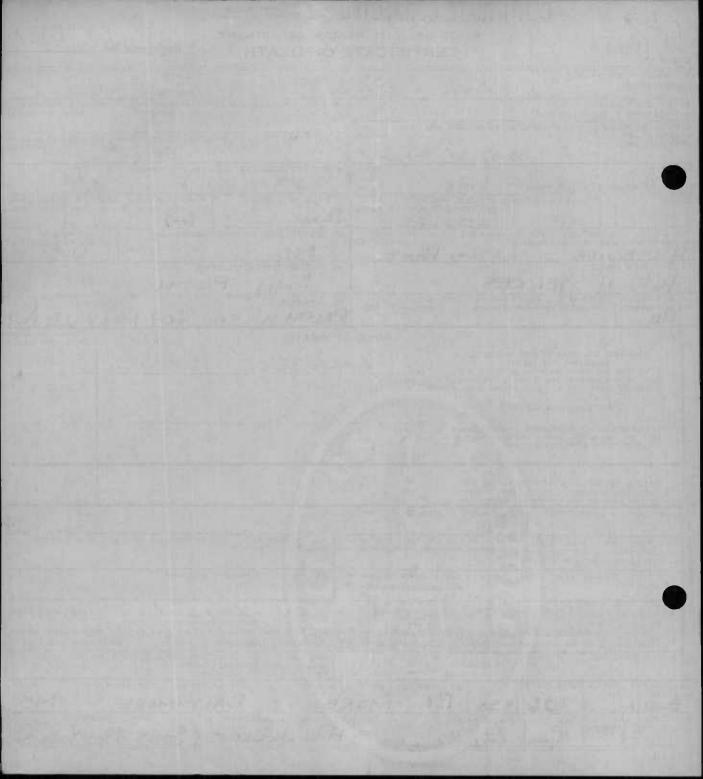
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) aber DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) "I not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOW INSTITUTION township) Yrз. ADDRESS (If rural, give location) Mos. 30 65 ngth of stay in Baltimore Thian Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? elired rovidence 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 7-1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY sterios elentic LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 213. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS 21c. WHERE DID (If in Baltimore City, give exact location) PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR BURIAL, CREMA 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town or county) TION REMOVAL (Specify urual DATE RECEIVED DE REGISTRAR'S SIGNATURE VS 151 9 3 378 W " C 746".



HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under i Year iast birthday) Months Days Hours Min. ANI WIDOWED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) IOB. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY SUSEWIFE OWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dutes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE ATT AT WORK WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes accident a suicide a, homicide a undetermined a. 23B, CHIEF MEDICAL EXAMINER ..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR noch M.D. 24c. NAME OF CEMETERY OR CREMATORY I 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE (State) BURIAL ALTIMORE DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR H.W. JENKINS ons 4905 YORK

THE PROPERTY OF THE PARTY OF TH

V S 151



1. NAME OF DECEASED (Type or Print)

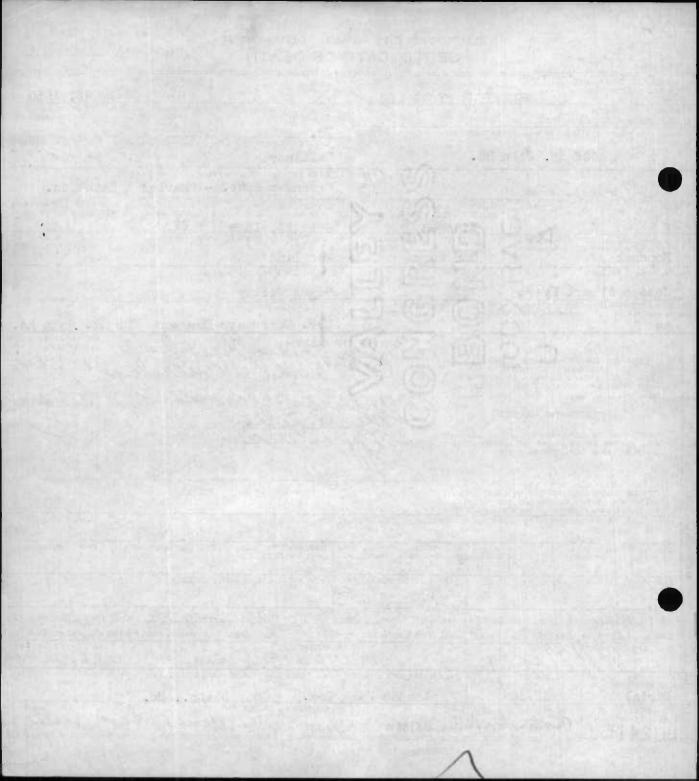
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6438

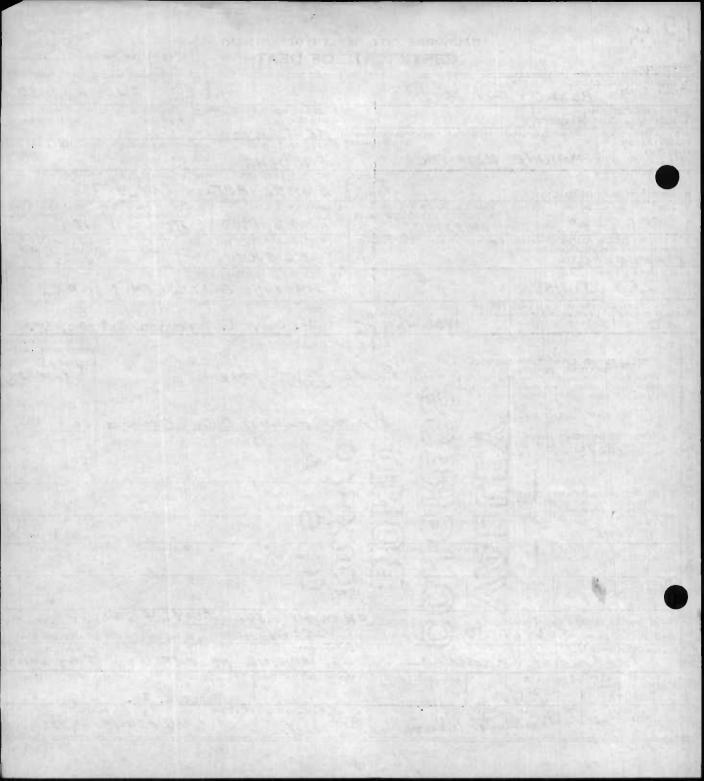
Registered No.

2. DATE OF

| (Type or Print) GENEVIEV                                                                                   | E MYERS NEW                                                                                                    |                             | OF<br>DEATH                        | July 23.          | 1950              |  |  |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|-------------------|-------------------|--|--|
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland                                                          | - manage along                                                                                                 | 4. USUAL RESIDENCE (W       |                                    | . If institution: |                   |  |  |
| B. FULL NAME OF (If not in hospital or instit<br>HOSPITAL OR                                               | cution, give street address or location)                                                                       |                             |                                    |                   |                   |  |  |
| institution 625 St. John Rd.                                                                               |                                                                                                                |                             | outside corporate li               | vaits, write Red  | lownship)         |  |  |
| Ozo Sc. voim na                                                                                            |                                                                                                                | Baltimore                   | 1 4                                |                   |                   |  |  |
|                                                                                                            | Yrs.<br>Mos.                                                                                                   | Greenway Apts.              |                                    |                   | + a               |  |  |
| c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SING                                        | Days                                                                                                           | 11                          |                                    |                   |                   |  |  |
|                                                                                                            | LE, MARRIED,<br>OWED, DIVORCED (Specify)                                                                       | 8. DATE OF BIRTH            | 9. AGE (In years<br>last birthday) | Months Days       | Hours Min.        |  |  |
|                                                                                                            | lidowed                                                                                                        | July 23, 1883               | 67                                 |                   |                   |  |  |
| ork done during most of working life, even if retired)                                                     | ND OF BUSINESS OR INDUSTRY                                                                                     | 11. BIRŤHPLAČE (State or fo | reign country)                     | 12. CITIZ<br>WHAT | EN OF<br>COUNTRY? |  |  |
|                                                                                                            | wn Home                                                                                                        | Maryland                    |                                    |                   |                   |  |  |
| 13. FATHER'S NAME                                                                                          |                                                                                                                | 14. MOTHER'S MAIDEN NA      | AME                                |                   |                   |  |  |
| Joseph Albert Myers                                                                                        |                                                                                                                | Grace Mackay                |                                    |                   |                   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCEST<br>Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL<br>SECURITY NO.                                                                                     | 17. INFORMANT               |                                    | ADDRESS           |                   |  |  |
| no (in you, give was or date of deriver,                                                                   | SECORITY NO.                                                                                                   | Mrs. Genevieve              | Emerson 6                          | 25 St. J          | ohn Rd.           |  |  |
| 18. 443 X                                                                                                  | CAUSE                                                                                                          | OF DEATHY 9/C               | 1100                               | INTER             | AL BETWEEN        |  |  |
| DISEASE OR CONDITION DIRECTL                                                                               | (1)                                                                                                            | regestere 17                | ert rache                          | le ONSET          | AND DEATH         |  |  |
| LEADING TO DEATH                                                                                           | 1000                                                                                                           | eteral de                   | warelo                             | 10/-              | 2 mg              |  |  |
| (This does not mean the mode of dying,<br>heart failure, asthenia, etc. It means the dis                   | ease,                                                                                                          | 1                           |                                    | 1-1               |                   |  |  |
| injury or complication which caused de                                                                     | ath.) DUE TO Au                                                                                                | eris. Acleri                | me -                               | Ze                | alual             |  |  |
| ANTECEDENT CAUSES Mysacka Delter.                                                                          |                                                                                                                |                             |                                    |                   |                   |  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING                                                                     |                                                                                                                |                             |                                    |                   |                   |  |  |
| UNDERLYING CONDITION LAST.                                                                                 |                                                                                                                |                             |                                    |                   |                   |  |  |
| 5                                                                                                          | 710                                                                                                            |                             |                                    |                   |                   |  |  |
|                                                                                                            | (C)                                                                                                            |                             |                                    |                   |                   |  |  |
| OTHER SIGNIFICANT CONDITIONS                                                                               |                                                                                                                |                             |                                    |                   |                   |  |  |
| TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSING                                    |                                                                                                                |                             |                                    |                   |                   |  |  |
| 19A. DATE OF OPERATION 19B. MAJO                                                                           | OR FINDINGS OF OPER                                                                                            | RATION                      |                                    |                   | AUTOPSY?          |  |  |
|                                                                                                            | VIOR OF INVIOR                                                                                                 | Loss Willens Dip. (1)       | If in Baltimore Cit                | YES !             | No H              |  |  |
|                                                                                                            | PLACE OF INJURY (e. g., i<br>ne, farm, factory, street, office bidg.,                                          |                             | in baltimore Cit                   | ty, give exact    | iocation)         |  |  |
| ¥                                                                                                          |                                                                                                                |                             |                                    |                   |                   |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour)                                                                      | 21E. INJURY OCCURR                                                                                             |                             | Y OCCUR?                           |                   |                   |  |  |
| m.                                                                                                         | WHILE AT NOT WHILE AT WORK                                                                                     |                             | 7                                  | - 500 100         |                   |  |  |
| 22. I hereby certiff that I attended to                                                                    | he deceased from                                                                                               | liey 1926 to 1              | uly 23, 19                         | 950, that I l     | ast saw the       |  |  |
| deceased alive on July 23, 1956                                                                            |                                                                                                                | rred at 639m., from t       | he causes and or                   | n the date st     | atcd above.       |  |  |
| 23A. SIGNATURE                                                                                             |                                                                                                                | 3B. ADDRESS                 |                                    |                   | TE SIGNED         |  |  |
| Of IT / Naday                                                                                              | м. о.                                                                                                          | 1403 Tark a                 | re                                 | pely              | 24,50             |  |  |
| 24A. BURIAL, CREMA- 24B. DATE<br>TION, REMOVAL (Specify)                                                   | 24C. NAME OF CEMETE                                                                                            | RY OR CREMATORY 24D. L      | OCATION (City, to                  | own, or county)   | (State)           |  |  |
| Burial 7/25/50                                                                                             | Loudon Par                                                                                                     | k Cem. Ba                   | lto. Md.                           |                   |                   |  |  |
| DATE RECEIVED BY   REGISTRAR'S SIGNA                                                                       |                                                                                                                | 25 FUNERAL DIRECTOR         | 1 1/1                              | ADDRES            | SAT               |  |  |
| LOCAL REGISTRAR Thurtuston                                                                                 | Mianes, Mills                                                                                                  | Dim. J. Vic                 | une + 4                            | ens 10            | allo              |  |  |
| VS 150                                                                                                     |                                                                                                                | 1                           |                                    | 0.5               | Ma.               |  |  |
| V 3 130                                                                                                    | ict in de de la company de | V                           |                                    | 430               |                   |  |  |
|                                                                                                            | D B a m                                                                                                        | 0 1 52 57                   |                                    | 1/                |                   |  |  |

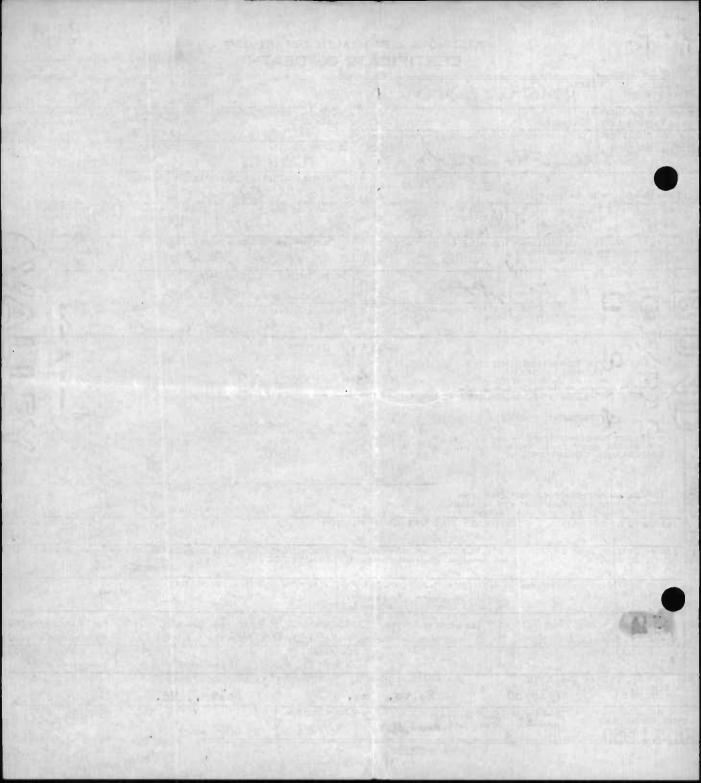


| 1     | 57                            |                                                    |                                                  | THE RESERVE                   |                                          | 1                                           |
|-------|-------------------------------|----------------------------------------------------|--------------------------------------------------|-------------------------------|------------------------------------------|---------------------------------------------|
| 1     | 5                             |                                                    | BALTIMORE CITY HE                                | EALTH DEPARTMENT              | . , 5                                    | 0 6433                                      |
|       | 643.                          | 3                                                  |                                                  | E OF DEATH                    | Registered N                             |                                             |
| _     | NAME OF E                     | PECEASED                                           |                                                  |                               | 2. DATE                                  |                                             |
|       | ype or Print)                 | BESSIE                                             | COVINGTON                                        |                               | OF JUL                                   | LY 24,1950                                  |
|       | Baltimore                     | City, Maryland                                     |                                                  | 4. USUAL RESIDENCE (W         | Where deceased lived. If                 | institution; residence<br>before admission) |
| В.    | FULL NAME<br>OSPITAL OR       |                                                    | ital or institution, give street address or      | KENTUCKY                      | V-15                                     |                                             |
|       | CTITUTION                     | I. C. MARINI                                       | location)  F HOSPITAL                            |                               | outside corporate limits                 | s, write RURAL and give<br>township)        |
|       |                               | 0.0.77777777777                                    | Yrs.                                             | PADUCHA D. STREET ADDRESS (If | rural give location)                     |                                             |
|       |                               | stay in Baltimore                                  | Mos.<br>Days                                     | EMPIRE APT                    |                                          | 07                                          |
| -     | FEM ALE                       | 6. COLOR OR RACE                                   | WIDOWED, DIVORCED (Specify)                      | 8. DATE OF BIRTH              | 9. AGE (In years   II last birthday) Mon | nths Days Hours Min.                        |
| _     |                               | CUPATION (Give kind)                               | MARRIED                                          | JUNE 6, 1900                  | 50                                       | 18                                          |
| WOL.  | k done during most            | of working life, even if retired                   | 108. KIND OF BUSINESS OR INDUSTRY                |                               | oreign country)                          | 12. CITIZEN OF<br>WHAT COUNTRYS             |
| 13    | STEWAR<br>FATHER'S            | NAME                                               | 1 2 H 11.                                        | 14. MOTHER'S MAIDEN N         | AME                                      | 0.5.                                        |
|       |                               | JONES .                                            |                                                  | MARTHA EL                     |                                          | ROGERS                                      |
| 15    | . WAS DECEAS                  | ED EVER IN U. S. ARM                               |                                                  | 17. INFORMANT                 |                                          | DDRESS                                      |
| ( * c | NO                            | (11 your Bive war or da                            | 404-16-6407                                      | Mr. James I.                  | Covington Pa                             | aducha, Ky.                                 |
|       | (This does                    | SE OR CONDITION LEADING TO DE, s not mean the mode | Of dying, e. g., (A)                             | of DEATH<br>t pronephros      | 4                                        | ONSET AND DEATH  4 MOS.  (APPROX            |
|       | injury or                     | ure, asthenia, etc. It me<br>complication which    | cans the disease,                                |                               |                                          |                                             |
| 7     |                               | ANTECEDENT CAL                                     | JSES Car                                         | Mariona. M DI                 | wije eter                                | i 10 Mas                                    |
| NO.   |                               | S OR CONDITIONS.                                   |                                                  |                               |                                          |                                             |
| AT    |                               | THE ABOVE CAUSE (A                                 |                                                  |                               |                                          |                                             |
| FIC   |                               |                                                    | (6)                                              |                               |                                          | D. E. Hall                                  |
| RTI   | OTHER S                       | II<br>SIGNIFICANT CONI                             |                                                  |                               |                                          |                                             |
| CE    |                               | G TO THE DEATH, BU                                 |                                                  |                               |                                          |                                             |
| ر     | 40.                           | OF OPERATION                                       | 19B. MAJOR FINDINGS OF OPER                      | RATION                        |                                          | 20, AUTOPSY?                                |
| ICAI  |                               | ENT, SUICIDE,                                      | 218. PLACE OF INJURY (e.g., i                    | n or   21c. WHERE DID (I      | f in Baltimore City, g                   | YES NO X                                    |
| EDI   | HOMICIDE                      | (Specify)                                          | about home, farm, factory, street, office bldg., |                               |                                          |                                             |
| Σ     |                               | (Month) (Day) (Yea                                 | r) (Hour)   21E. INJURY OCCURR                   | ED 21F, HOW DID INJURY        | OCCUR?                                   |                                             |
|       | INJURY                        |                                                    | m. WHILE AT NOT WHILE                            |                               |                                          |                                             |
|       | 22. I hereb                   | ou certifu that I as                               | ttended the deceased from A                      | PRIL 20 1950 to -             | JULY 24 19 5                             | Othat I last sam the                        |
|       | deceased a                    | live on July                                       | 2419.50, and that death occur                    | rred at 3:40am., from ti      | he causes and on th                      | e date stated above.                        |
|       | 23A. SISTA                    | TURE                                               | 1 2                                              | 3B. ADDRESS                   |                                          | 23c. DATE SIGNED                            |
| _     | 1/4                           | chard 4.                                           |                                                  | U.S. MARINE HO                |                                          | or county) (State)                          |
| TIC   | AA. BURIAL,<br>ON, REMOVAL (S | CREMA- 24B. DATE<br>Specify)                       |                                                  | RY OR CREMATORY 24D. LO       |                                          | or county) (state)                          |
| P     | Remov                         |                                                    | :/50  <br>R'S SIGNATURE                          | 25 FUNERAL DIRECTOR           | aducha, Ky.                              | ADDRESS /                                   |
|       | CAL REGIST                    |                                                    | tuster Williams                                  | William. V.                   | icknes Ysa                               | is Eath                                     |
| 4     | UL 24 19                      | 350                                                | 111111111111111111111111111111111111111          | William A                     |                                          | Max -                                       |
|       | VS 150                        |                                                    | 7645                                             | 3-, 13 8                      | 4                                        | 8a                                          |
|       |                               |                                                    |                                                  |                               |                                          |                                             |



| 52     | 3        |
|--------|----------|
| 0      | 6440     |
| BIRTH  | NO.      |
| 1. NAM | E OF DEC |

| -         | 120                                   |                                                                                       |                                     |                                                        |                   |                            | 50 6440                                                       |
|-----------|---------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|-------------------|----------------------------|---------------------------------------------------------------|
| 5         | 6446                                  | )                                                                                     |                                     | 1                                                      | EALTH DEPARTM     | V                          | NT.                                                           |
| B         | IRTH NO.                              |                                                                                       |                                     |                                                        | E OF DEATH        | Registered                 | NO.                                                           |
| 1.<br>('I | NAME OF DE                            | CEASED FR BE                                                                          | RT ALI                              | BERT C                                                 | VIG HT            | 2. DATE<br>OF<br>DEATH     | 2 JULY 50                                                     |
| 3.        | PLACE OF DE                           | ity, Maryland                                                                         |                                     |                                                        | A. STATE          | MCE (Where deceased lived. | lf institution: residence<br>before admission)                |
| B.        | FULL NAME O                           | OF (If not in hospit                                                                  | tal or institution                  | , give street address of location                      |                   | Galle                      | ************                                                  |
|           | STITUTION                             | Lutheran H                                                                            | torpetal                            | of Maryla .                                            | c. CITY OR TOWN   | (if outside corporate im   | nits, write RURAL and give<br>township)                       |
| C.        | Length of st                          | ay in Baltimore                                                                       | Levis in 6                          | Pulto. Guntinos.                                       | 1243 1            | (If rural, give location)  |                                                               |
|           |                                       | 6. COLOR OR RACE                                                                      |                                     |                                                        | 8. DATE OF BIRTH  | 9. AGE (In years)          | H Under I Year   H Under 24 Hours<br>Months: Days Hours: Min. |
|           | Male                                  | white                                                                                 | Man                                 | ned !                                                  | jan i             | 69                         |                                                               |
| 1C        | A. USUAL OCC<br>k done during most of | CUPATION (Give kind of<br>working life, even if retired)                              | 0                                   | F BUSINESS OR INDUSTR                                  |                   | ate or foreign country;    | 12. CITIZEN OF WHAT COUNTRY?                                  |
| 13        | FATHER'S N.                           | AME                                                                                   | 0.                                  |                                                        | 14. MOTHER'S MAIL |                            |                                                               |
|           | John                                  | ~ M Rs                                                                                | right                               |                                                        | marga             | ut Serbel                  |                                                               |
| 15<br>Ye  | 5. WAS DECEASE                        | D EVER IN U.S. ARME<br>(If yes, give war or date                                      | D FORCES? 1                         | 6. SOCIAL<br>SECURITY NO.                              | 17. INFORMANT     |                            | ADDRESS .                                                     |
|           | no                                    |                                                                                       |                                     | )                                                      | Edna Ku           | whit ( wool)               | -1243 blumy                                                   |
|           | 18. 47                                | 0.1.                                                                                  |                                     | CAUSE                                                  | OF DEATH          |                            | INTERVAL BETWEEN                                              |
|           | DISEAS                                | E OR CONDITION                                                                        |                                     |                                                        | 0                 | 0                          | /                                                             |
|           | heart failur                          | LEADING TO DEA<br>not mean the mode<br>e, asthenia, etc. It mes<br>complication which | of dying, e.g.,<br>ans the disease, | (A)                                                    | ulmmay            |                            |                                                               |
|           | ,                                     | ANTECEDENT CAU                                                                        | SES                                 | C.                                                     |                   |                            | 2 1                                                           |
| 2         | DISFASES                              | OR CONDITIONS,                                                                        | TE ANY CIVING                       | (B)                                                    | ronary acco       | ue v                       |                                                               |
| A         | RISE TO TH                            | HE ABOVE CAUSE (A)                                                                    | STATING THE                         | DUE TO                                                 |                   |                            |                                                               |
| -         |                                       |                                                                                       |                                     | (C)                                                    |                   |                            |                                                               |
| 7         | OTHER SI                              | GNIFICANT COND                                                                        | ITIONS CON-                         |                                                        |                   |                            |                                                               |
|           | TRIBUTING                             | TO THE OEATH, BUT                                                                     | NOT RELATED                         | *************************                              |                   |                            |                                                               |
| 1         |                                       |                                                                                       |                                     | INDINGS OF OPE                                         | RATION            |                            | 20. AUTOPSY?                                                  |
| Z.        | 2                                     | mi                                                                                    |                                     | Mut-3                                                  |                   |                            | YES NO                                                        |
| EDIC      | HOMICIDE                              | NT. SUICIDE. (Specify)                                                                |                                     | E OF INJURY (e. g.,<br>a, factory, street, office bldg |                   |                            | , give exact location)                                        |
| Σ         | 210. TIME (1                          | Month) (Day) (Year                                                                    | (Hour)   21                         | E. INJURY OCCUR                                        | RED 21F. HOW DID  | NJURY OCCUR?               |                                                               |
|           | NUURY                                 | none                                                                                  |                                     | LE AT NOT WHILE                                        |                   | man                        |                                                               |
|           | 22. I hereby                          | certify that I at                                                                     | tended the de                       | ceased from                                            | 19 47             | to 24 Janley, 19.          | that I last saw the                                           |
|           | deceased ali                          |                                                                                       | _,1957) . an                        | d that death occu                                      |                   | from the causes and on     |                                                               |
|           | 23A. SIGNAT                           |                                                                                       | nan                                 | м. D.                                                  | 23B. ADDRESS      | a Spring Pd                | 22 ply 50                                                     |
| 24        | 4A. BURIAL, CI                        | REMA- 248. DATE                                                                       | 2/4                                 | C. NAME OF CEMET                                       |                   | 240. LOCATION (City, tow   | on, or edunty) / (State)                                      |
|           | ON. REMOVAL (Sp. Burial               |                                                                                       | 50                                  | Balto. Cer                                             |                   | Balto., Md.                |                                                               |
|           | ATE RECEIVED<br>OCAL REGISTR          |                                                                                       | S SYGNATURE                         | liame, Ma                                              | 25. FUNERAL DIRE  | relever to                 | ADDRESS ALL                                                   |
| *         | VS 150                                | yavro.                                                                                | constable 13                        | 690                                                    | SE V              | 0                          | 942                                                           |
|           |                                       |                                                                                       |                                     |                                                        |                   |                            |                                                               |



| 6:     | 50          |
|--------|-------------|
| 50     | 6441        |
| BIRTH  | NO.         |
| 1 1107 | AE OF DECEA |

50 6441

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE (Type or Print) OF TERENCE HENRY FRANEY, Sr. DEATH Jul 7 23 7950 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, w it LURAL and give INSTITUTIONX township St. Joseph's Hosp. Raltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 4926 Denmore Ave Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | M Under I Year | M Under 24 Hours last birthday) | Months; Days | Hours | Min. Mar. 27, 1900 Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Raltimore Md Cab Driver
13. FATHER'S NAME Yellow Cab Co. 14. MOTHER'S MAIDEN NAME John J. Francy Margaret Boylan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO 213-05-7787 Terence H. Franev.Jr. 4926 Denmore Ave. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 22. I hereby certify that I attended the deceased from July 10, , 1950 to July 23, , 1950, that I last saw the deceased alive on July 23, 1950, and that death occurred at 10:00 ht., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 1400 N Caroline St July 23, 1950 NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 7/26/50 Cathedral Cem. Burial Balto., Md. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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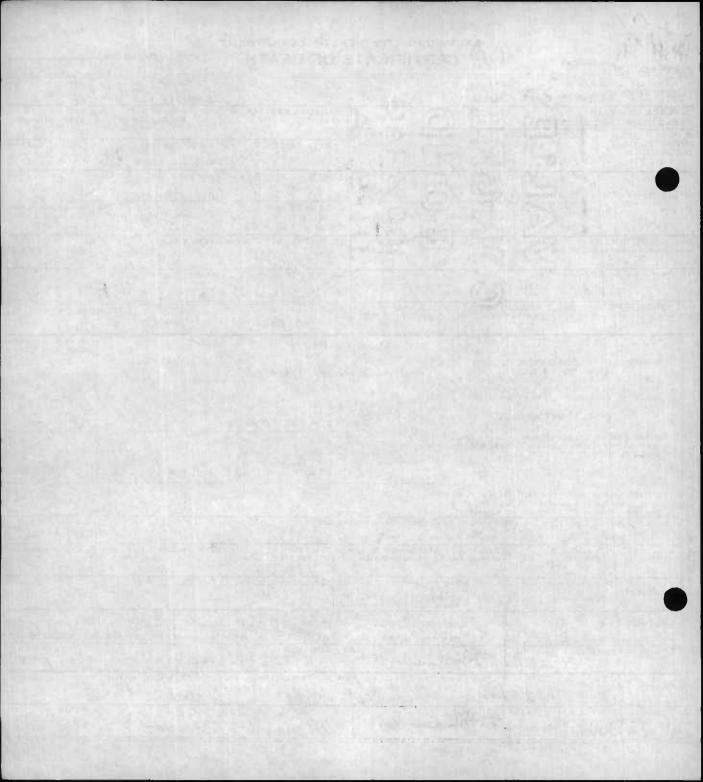
| BI           | 6442 BALTIMORE CITY HE RTH NO. 9- 20794 CERTIFICATI                                                                                                                                                              |                                                   | 6442                                        |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------|
|              | NAME OF DECEASED  Appe or Print) George DeNNIS Sweet                                                                                                                                                             | 2. DATE OF T Z                                    | 2/50                                        |
| Α.           | PLACE OF DEATH: Baltimore City, Maryland                                                                                                                                                                         | 4. USUAL RESIDENCE (Where deceased lived, if inst | itution : residence<br>before admission)    |
| HC           | FULL NAME OF (If not in hospital or institution, give street address or STITUTION   Nece 4   100 pit A                                                                                                           | c. CITY OR TOWN (If outside corporate limits, w   | rite RURAL and give<br>(ownship)            |
| C.           | Length of stay in Baltimore 5 yro 4 hrs /2 Mos. Days                                                                                                                                                             | D. STREET ADDRESS (If rural, give location)       | 2+.                                         |
| -            | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)                                                                                                                                             |                                                   | N 1 Year H Dader 24 Hours S Days Hours Min. |
| work         | A. USUAL OCCUPATION (Givehindof done during most of working life, even if retired)  Child INDUSTRY                                                                                                               | 11. BIRTHPLAČE (State or foreign country) 12      | WHAT COUNTRY?                               |
|              | FATHER CHAME<br>George F. Sweet                                                                                                                                                                                  | Elizabeth ENSOR                                   |                                             |
| 15<br>(Yes   | . WAS DECEASED EVER IN U. S. ARMED FORCES?  In no or unknown) (If yes, give war or dates of service) SECURITY NO.                                                                                                | Mother 109 N. Be                                  | Nt Hloy St.                                 |
|              | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE  (A)  DUE TO | of DEATH earl Block                               | INTERVAL BETWEEN ONSET AND DEATH            |
| ATION        | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.                                                                                                 | plenectory                                        | 24hs.                                       |
| ERTIFICATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED                                                                                                                                          | molytic Anemia                                    | 11 1405                                     |
| EDICAL CI    | 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER 194. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (% g., in                                                                                                        |                                                   | 20. AUTOPSY?  YES NO                        |
| MEDI         | HOMICIDE (Specify) about home, farm, factory, atreet, office bldg., e  21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI                                                                                 | otc.) INJURY OCCUR?                               | exact location)                             |
|              | to the well                                                                                                                                                                                                      |                                                   |                                             |
| 24<br>TIC    | A. BURIAL, CREMA- 288.DATE 240 NAME OF CEMETE NAME OF CEMETE 25/50 Grander ATE RECEIVED BY REGISTRAR'S SIGNALURE.                                                                                                | t seel Powson M                                   |                                             |
| LC           | 1991 75 1999 1 Thurtwater Milliams, Ma                                                                                                                                                                           | HIVm. J. Vialener &                               | his Salta                                   |

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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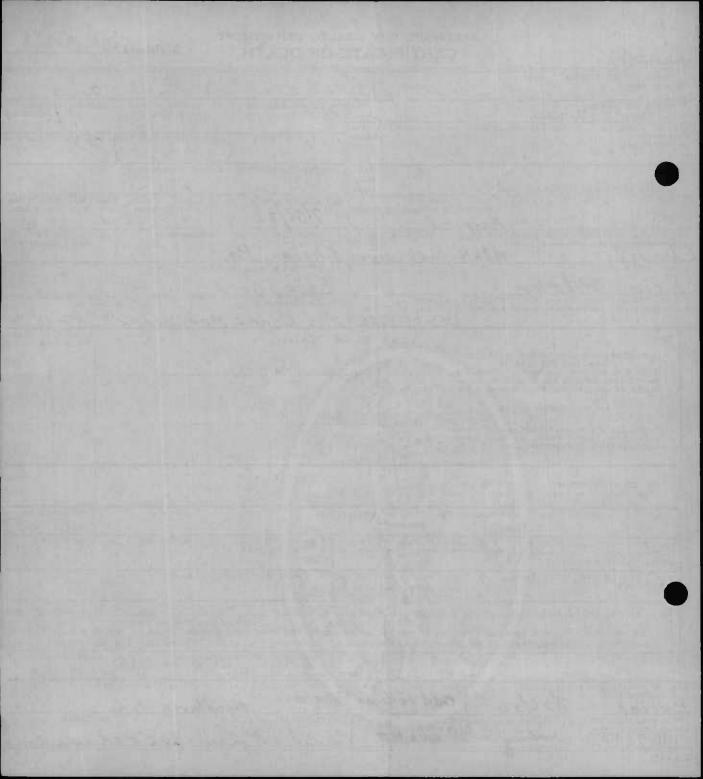
Registered No.

| BIRTH NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CERTIFICATE                                                                           | OF DEATH                            | aregiotered 11                                  |                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|--|
| I. NAME OF DECEASED (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                     | 2. DATE                                         |                                                    |  |
| L(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DUISE IDA MITCHELL                                                                    |                                     | DEATH July                                      | 22, 1950                                           |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | 4. USUAL RESIDENCE (WE A. STATE Md. | here deceased lived, If is<br>B. COUNTY         | nstitution : residence<br>before admission)        |  |
| e. FULL NAME OF (If not in hospital of Nostitution 19 S. Payson S                                                                                                                                                                                                                                                                                                                                                                                                                             | Iocation)                                                                             |                                     | outside corporate limits,                       | write RURAL and give township)                     |  |
| Length of stay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yrs.<br>Mos.<br>Days                                                                  | D. STREET ADDRESS (If re            |                                                 |                                                    |  |
| female 6.COLOR OR RACE 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | V. SINGLE, MARRIED,<br>WIDOWED, DIVORCED (Specify)<br>Widowed                         | 8. DATE OF BIRTH May 4, 1878        |                                                 | Under 1 Year H Under 24 Hours this Days Hours Min. |  |
| IOA. USUAL OCCUPATION (Givekind of pork done during most of working life, even if retired) HOUSSWIIS                                                                                                                                                                                                                                                                                                                                                                                          | OB. KIND OF BUSINESS OR INDUSTRY                                                      | 11. BIRTHPLACE (State or for        | eign country)                                   | 12. CITIZEN OF<br>WHAT COUNTRY?                    |  |
| 13. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | 14. MOTHER'S MAIDEN NA              | ME                                              |                                                    |  |
| Wm. Finley Fisher                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | Emma Betz                           |                                                 |                                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED F<br>Yes, no or naknown) (If yes, give war or dates of                                                                                                                                                                                                                                                                                                                                                                                                    | ORCES? 16. SOCIAL SECURITY NO.                                                        | Mrs. Myrtle Fishe                   |                                                 | rison Blvd.                                        |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  (A)  (B)  (B)  (B)  (B)  (Curdio - vasue and arturio selection and arturio selection and arturio selection.  (B)  (B)  (Curdio - vasue and arturio selection. |                                                                                       |                                     |                                                 |                                                    |  |
| 19A. DATE OF OPERATION 19B                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MAJOR FINDINGS OF OPER                                                                | ATION                               |                                                 | 20. AUTOPSY?                                       |  |
| 21A. ACCIDENT, SUICIDE,<br>HOMICIDE (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 21B. PLACE OF INJURY (e. g., in<br>about home, farm, factory, street, office bldg., e |                                     | in Baltimore City, gi                           | YES NO Live exact location)                        |  |
| 21D. TIME (Month) (Day) (Year) (E                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Mour) 21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK                             |                                     | OCCUR?                                          |                                                    |  |
| 22. I hereby certify that I attendeceased alive on 22 mg, 234 SIGNATURE  24A. BURIAL, CREMA- 24B. DATE FION. REMOVAL (Specify)  Burial 7/25/50  DATE RECEIVED BY REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                        | 1950, and that death occur  ing . M. D.   2  24c, NAME OF CEMETE  Loudon Par          | Add at                              | Death on the Court of City, town, of Balto, Md. | ADDRESS                                            |  |
| VS 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | m Williams, Age                                                                       | Jum. J. Vich                        | ener V XA                                       | 925 mid.                                           |  |

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Registered No. 6444 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE B. COUNTY before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR (If outside corporate limits, write RVRAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Mog c. Length of stay in Baltimore Davs 9. AGE (In years If Under I Year I Under 24 Hours I I Under Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or anknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or anknown) SECURITY NO 1600 De 55-05-4796 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 19A. DATE OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? FINJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE Odd Fellows (emeter DATE RECEIVED BY REGISTRAR'S SIGNATURE IIII 24 1950 huitienton / Villands V S 151

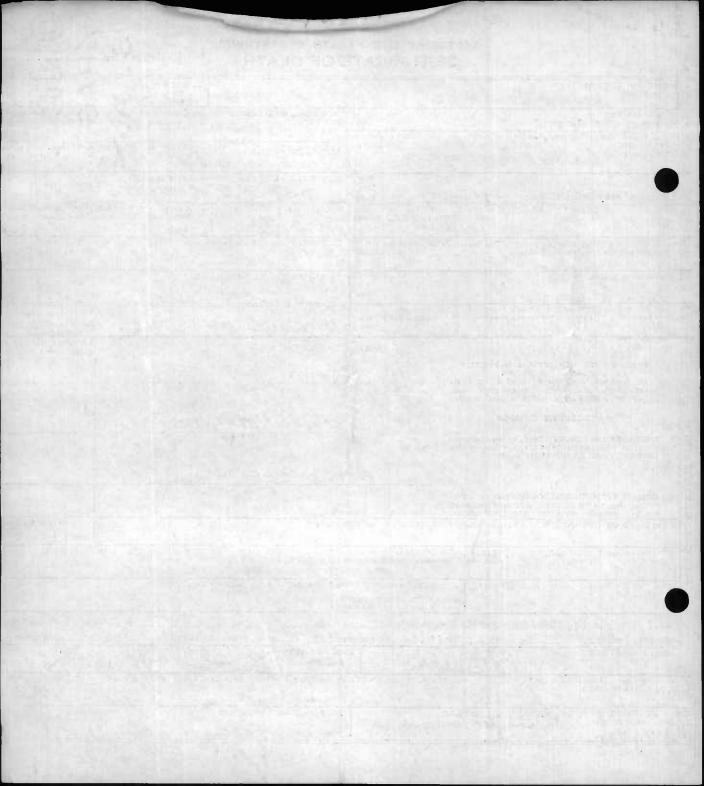


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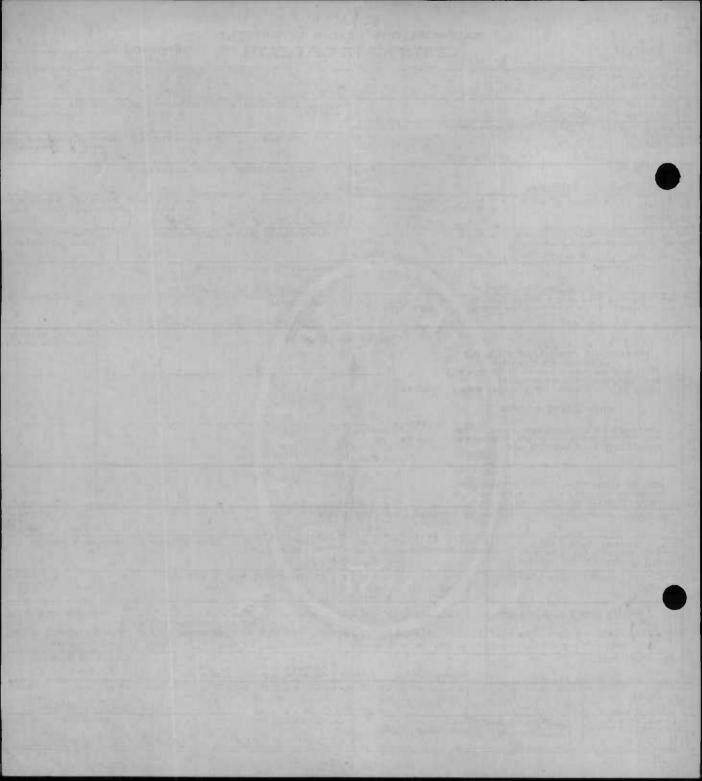
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6445

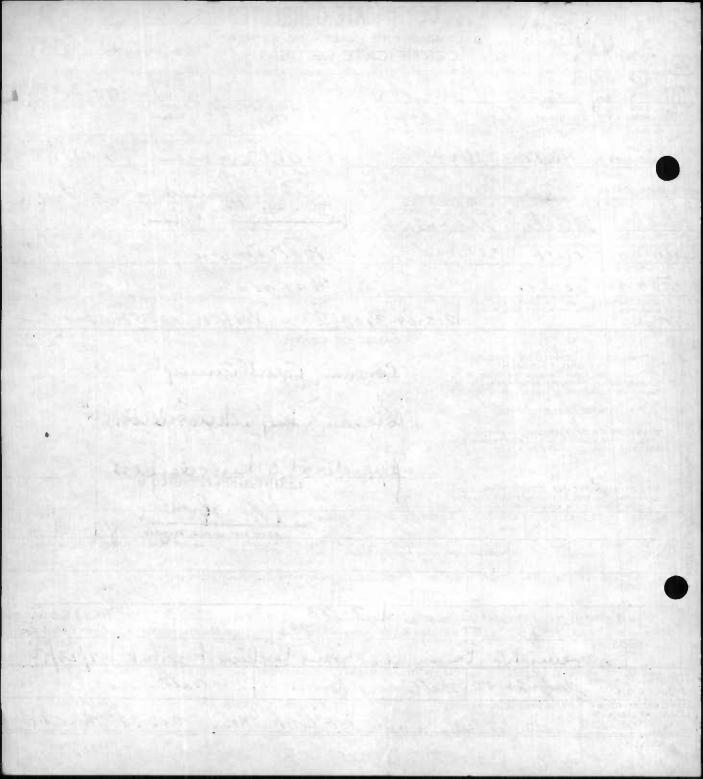
| 1.<br>(T    | NAME OF DEC                                     | JENNE /                                      | NOODWA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         | 2. DATE<br>OF<br>DEATH   | Juny:         | 23,              | 1950                       |
|-------------|-------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|---------------|------------------|----------------------------|
| A.          | PLACE OF DEA<br>Baltimore Cit                   | ty, Maryland                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on, give street address or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4. USUAL RESIDENCE                                      | B. COU                   |               |                  | residence<br>residmission) |
| H           | OSPITAL OR                                      | T. JOSEP,                                    | - 4A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C. CITY OR TOWN                                         | (If outside corpor       | ate limits, w | ric RU           | (AL and give<br>township)  |
|             |                                                 | y in Baltimore                               | 34RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , -0. 0                                                 | EASER.                   | 55.           |                  |                            |
|             | F                                               | COLOR OR RACE                                | WIDOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MARRIED.<br>ED, DIVORCED (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12 23 83                                                | 66                       | day) Months   |                  | Hours Min.                 |
| worl        | done during most of w                           |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VIRGINLA                                                | or foreign country)      | 12.           | WHAT             | EN OF<br>COUNTRY?          |
|             | FATHER'S NA                                     | enouve                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14 MOTHER'S MAIDEN                                      | Jalker                   |               |                  |                            |
| (Ye         | , no or phinown)                                | EVER IN U.S. ARMI<br>(If yes, give war or de | ED FORCES?<br>tes of service)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 16. SOCIAL<br>SECURITY NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17. INFORMANT<br>NOVELAR                                | HICKS 1                  | 651E          |                  | i ST                       |
| RTIFICATION | UNDERLYING CONDITION LAST.  (C) ARTEROSCICROSIS |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                          |               |                  |                            |
| L CE        | TO THE DIS                                      | OPERATION                                    | N CAUSING I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATION                                                   |                          |               | 1                | AUTOPSY?                   |
| MEDICA      |                                                 | IT. SUICIDE.<br>(Specify)  Ionth) (Day) (Yea | about home, f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CE OF INJURY (e.g., it arm, factory, at reet, office bldg., to the state of the sta | tc.) INJURY OCCUR?                                      | (If in Baltimor          | e City, give  | exact :          | location)                  |
|             | 22. I hereby<br>deceased alia<br>23A. SIGNATU   |                                              | ttended the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | deceased from 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 27 - ,1950 to.  red at 125 am., fro  38. ADDRESS (20) | 7-23-<br>m the causes ar | nd on the o   | date st          | ast saw the ated above.    |
| 2.<br>TI    | 4A. BURIAL, CR<br>ON REMOVAL (Spe               | REMA- 248. DATE                              | 26/50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 24c. NAME OF CEMETE  WWW Cal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PAUL CENT                                               | D. LOCATION (Ci          | ty, town, or  | count <b>y</b> ) | Mel                        |
|             | ATE RECEIVED<br>OCAL REGISTR                    |                                              | RIS SIGNATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Miante, Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mus. For                                                | el a. E                  | Mist          | PERES            | 3/4/                       |
|             | VS 150                                          | O SECTION                                    | The state of the s | <b>第二次的</b> 的动态,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0/1294                                                  | . Carr                   | Peris         | St               | 131a                       |



DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limit, write URA , and give INSTITUTION D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Bal Days 5. SEX 6. COLOR o NGLE, MARRIED. 9. AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours | Min. IDOWED, DIVORCED (Specify) 18 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Antenis se le notice LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural eauses Y, accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA- 24B. DATE TION-REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 151



| 6        | Wed Exams Case CERTIFIC                                                                                                                                                                             | CATE CORRECTED_                   | 7-27-50                                                              |                                         |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------|-----------------------------------------|
|          | BALTIMORE CITY                                                                                                                                                                                      | HEALTH DEPARTMENT                 | Registered No.                                                       | 6447                                    |
| 1.<br>(T | NAME OF DECEASED July Oulker                                                                                                                                                                        |                                   | 2. DATE OF DEATH LULY                                                | 23,1950                                 |
| Α.       | Baltimore City, Maryland Cee Rose                                                                                                                                                                   | 4. USUAL RESIDENCE (VA. STATE     | Where deceased lived, If Insti                                       | itution; residence<br>before admission) |
| H        | OSPITAL OR STITUTION HOPKING NOSP.                                                                                                                                                                  |                                   | outside corporate limits, wi                                         | rite RURAL and give<br>township)        |
| -        | Y M                                                                                                                                                                                                 | rs. o. STREET ADDRESS OF          | rural, give location)                                                | 2 100                                   |
| 5.       | SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Sp.                                                                                                                                     | 8. DATE OF LETHISSO<br>(424       | 9. AGE (In years of Under Months)  9. AGE (In years of Under Months) | Days Hours Min.                         |
| ¿ "      | done during most of working life, even if retired) Retired INDUS                                                                                                                                    |                                   |                                                                      | CITIZEN OF<br>WHAT COUNTRY?             |
| 13       | John Voelker                                                                                                                                                                                        | 14. MOTHER'S MAIDEN N<br>Un Known | AME                                                                  |                                         |
| (Ye      | S. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)                                                                         | O. 17. INFORMANT                  | Cer 1033 Han                                                         |                                         |
|          | 18. 4 20 . / CAUS                                                                                                                                                                                   | SE OF DEATH                       |                                                                      | INTERVAL BETWEEN<br>ONSET AND DEATH     |
|          | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO | noney Insulfice                   | incy                                                                 |                                         |
| z        | ANTECEDENT CAUSES                                                                                                                                                                                   | manaden and                       | ingclerogis                                                          |                                         |
| ATIO     | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.                                                                                           |                                   |                                                                      |                                         |
| TIFIC    | 11 (6)                                                                                                                                                                                              | eralized ander                    | Schools                                                              | ••••••••••••••••••••••••                |
| CER      | OTHER SIGNIFICANT CONDITIONS CON-<br>TRIBUTING TO THE OEATH, BUT NOT RELATED<br>TO THE DISEASE OR CONDITION CAUSING IT.                                                                             | PH                                | 9                                                                    |                                         |
| CAL      | 19A. DATE OF OPERATION 7 19B. MAJOR FINDINGS OF C                                                                                                                                                   | SHIEF OR ASST. M                  | M, P,                                                                | YES NO                                  |
| EDIC     | 21A. ACCIDENT. SUICIDE.<br>HOMICIDE (Specify)  21B. PLACE OF INJURY (e about home, farm, factory, street, office it                                                                                 |                                   | lf in Bultimore City, give                                           | exact location)                         |
| 2        | ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU                                                                                                                                               | HILE                              | Y OCCUR?                                                             |                                         |
|          | 22. I hereby certify that I attended the deceased from_                                                                                                                                             | 7-23-,195Pto                      | 7-23-,1950                                                           |                                         |
|          | deceased alive on /- 23, 19 Sand that death o                                                                                                                                                       | 23B. ADDRESS                      | the causes and on the a                                              | 3c. DATE SIGNED                         |
| TH       | on REMOVAL (Specify) July. 26-50 Baltimn                                                                                                                                                            | ETERY OR CREMATORY 24D. L         | OCATION (City, town, or of                                           | county) (State)                         |
| D.       | ATE RECEIVED BY REGISTRAR'S SIGNATURE                                                                                                                                                               | 25. FUNERAL DIRECTOR              | 1212 5 4 8                                                           | and st                                  |
| -        | VS 150 To be approx. by with Eigh                                                                                                                                                                   | 69049                             |                                                                      | 94a                                     |



DIVOTCEd

10B. KIND OF BUSINESS OR

16. SOCIAL

SECURITY NO.

INDUSTRY

4. USUAL RESIDENCE (Where deceased lived, Y institution: residence before admission) (If,outside eorporate limits, write RURAL and give

9. AGE (In years | Munder | Year | Munder 24 Hours | last birthday) | Months; Days | Hours | Min. 12-1905 45. 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

Proc Eor 17. INFORMANT stewart: 1908 DRESS qus

ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

CAUSE OF DEATH

TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

If in Baltimore City give exact location Bank St. near Broadway 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-INJURY OCCUR? about home farm factory, street, office bldg., etc.) UTING [ CAUSE OF DEATH. Eastern Police Station 21F. HOW DID INJURY OCCUR?

2 TE. INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) INJURY WORK

July 22, 1950

Hanged self with belt on cell door

22. I certify that I took charge of the remains described above, held an Autory, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , aecident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ .

238. CHIEF MEDICAL EXAMINER ..... 23A, SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

BURIAL, CREMA 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) REMOVAL (Specify urial

DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR

V S 151

IOA. USUAL OCCUPATION (Givekind of)

Charles M

15. WAS DECEASED EVER IN U. S. ARMED FORCES!

(If yes, give war or dates of service)

work done during most of working life, even if retired)

ecttician: 13. FATHER'S NAME

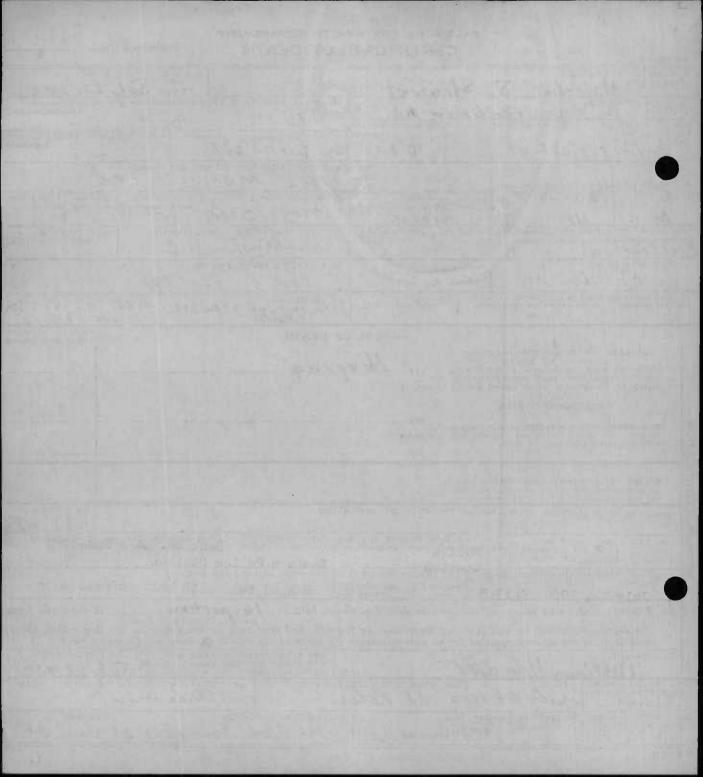
18.

RTIFICATION

U

DICAL

20. AUTOPSY

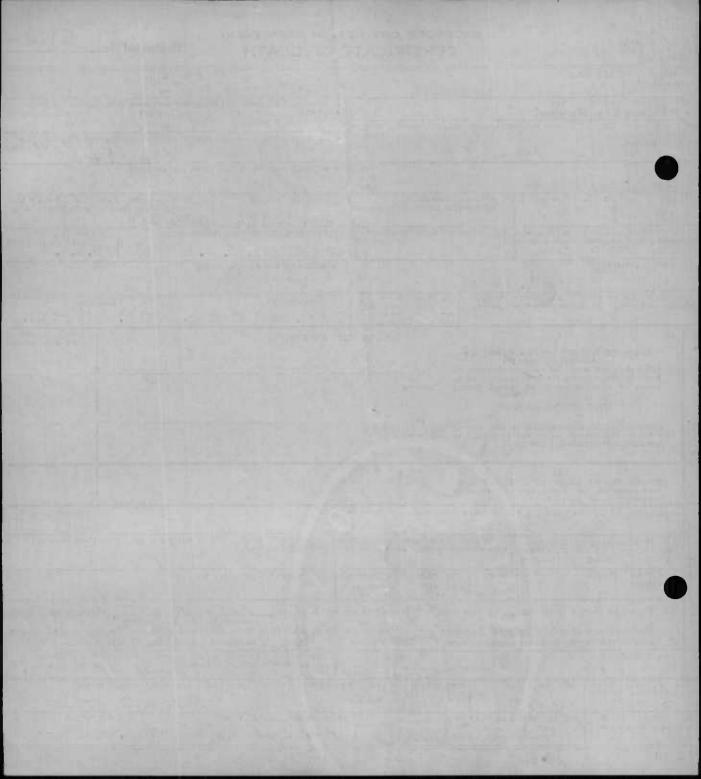


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 644.)

| BIRTH NO.                                                                                                                                        |                                                                                                                                                                                                                         |                  |                                             |                                                          |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------|----------------------------------------------------------|--|--|
| 1. NAME OF DECEASED (Type or Print)                                                                                                              | Soloman A                                                                                                                                                                                                               | Yason            | 2. DATE<br>OF<br>DEATH                      | 73 50                                                    |  |  |
| 3. PLACE OF DEATH:  A. Baltimore City, Maryland                                                                                                  |                                                                                                                                                                                                                         | A. STATE         | NCE (Where deceased lived, I                | f institution: residence<br>before admission)            |  |  |
| B. FULL NAME OF (If not in hospital HOSPITAL OR                                                                                                  | or institution, give street address or location)                                                                                                                                                                        |                  |                                             |                                                          |  |  |
| INSTITUTION,                                                                                                                                     | ,                                                                                                                                                                                                                       | C. CITT OR TOWN  | (If outside corporate limit                 | its, write RUEAL in derive<br>toynship)                  |  |  |
|                                                                                                                                                  | Yrs.                                                                                                                                                                                                                    | D. STREET ADDRES | SS (If rural, give location)                |                                                          |  |  |
| c. Length of stay in Baltimore                                                                                                                   | Mos.<br>Days                                                                                                                                                                                                            |                  | N. Palu                                     |                                                          |  |  |
| 5. SEX 6. COLOR OR RACE 7                                                                                                                        | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)                                                                                                                                                                         |                  | last birthday) M                            | If Under 1 Year In Under 24 Hours In Under 24 Hours Min. |  |  |
| 10A. USUAL OCCUPATION (Givekind of )                                                                                                             | OB KIND OF BIJEINIESS OF                                                                                                                                                                                                | Jan. 1, 18'      | 74 76 (AR)                                  | 1 10 015 5 10 10                                         |  |  |
| work done during most of working life, even if retired)                                                                                          | INDUSTRY                                                                                                                                                                                                                |                  |                                             | 12. CITIZEN OF WHAT COUNTRY                              |  |  |
| Real Estate agent                                                                                                                                |                                                                                                                                                                                                                         | Chapel Hill      |                                             | U.D.a.                                                   |  |  |
| 13. FATHER'S NAME                                                                                                                                |                                                                                                                                                                                                                         | 14. MOTHER'S MAI | DEN NAME                                    |                                                          |  |  |
| James P. 1                                                                                                                                       |                                                                                                                                                                                                                         | Letitia '        | ?                                           | S CYA                                                    |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED F<br>(Yes, no or unknown) (If yes, give war or dates of                                                     | FORCES? 16. SOCIAL<br>SECURITY NO.                                                                                                                                                                                      | 17. INFORMANT    |                                             | ADDRESS                                                  |  |  |
|                                                                                                                                                  | 211-9-8153                                                                                                                                                                                                              | Mrs. Paul        | Biedler, 2802 N.                            | . Calvert St.                                            |  |  |
| DISEASE OR CONDITION DE LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which ear | IRECTLY I dying, e. g., (A)                                                                                                                                                                                             | OF DEATH         | 4. P. V 1/1                                 | INTERVAL BETWEEN                                         |  |  |
| Z DISEASES OR CONDITIONS, IF A                                                                                                                   | ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)                                                                           |                  |                                             |                                                          |  |  |
| OTHER SIGNIFICANT CONDITI                                                                                                                        | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                       |                  |                                             |                                                          |  |  |
| 10.1. 5.11.2 07 07 2.111.1                                                                                                                       | MAJOR FINDINGS OF OPER                                                                                                                                                                                                  | ATION            |                                             | 20. AUTOPSY?                                             |  |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB-UTING   CAUSE OF DEATH.                                                                          | 21B. PLACE OF INJURY (e. g., i<br>about home, farm, factory, street, office bldg.,                                                                                                                                      |                  |                                             |                                                          |  |  |
|                                                                                                                                                  | D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?                                                                                                                                 |                  |                                             |                                                          |  |  |
| the evidence obtained by so                                                                                                                      | 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said decased died on the day stated abo |                  |                                             |                                                          |  |  |
| and death in my opinion re                                                                                                                       | esulted from: natural eauses                                                                                                                                                                                            |                  |                                             |                                                          |  |  |
| 23a. SIGNATURE                                                                                                                                   | when M                                                                                                                                                                                                                  |                  | DICAL EXAMINER 2. DICAL EXAMINER 3 STIGATOR | 3c. DATE SIGNED                                          |  |  |
| 24A. BURIAL, CREMA- 24B. DATE                                                                                                                    | 24C. NAME OF CEMETE                                                                                                                                                                                                     |                  | 24D. LOCATION (City, town                   | , or county) (State)                                     |  |  |
| removal 7/24/50                                                                                                                                  | Maplewood                                                                                                                                                                                                               |                  | Durham, Morth                               | h Carolina                                               |  |  |
| DATE RECEIVED BY REGISTRAR'S                                                                                                                     | 1 11/10                                                                                                                                                                                                                 | Nm. Couk         |                                             | ADDRESS                                                  |  |  |
| V S 151                                                                                                                                          | The second section of the second section                                                                                                                                                                                |                  |                                             | 92) N                                                    |  |  |

The Manager of the



50 64.50 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Alexander Frederick Jenkins OF July 22, 1950 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 216 Wendover Road Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 216 Wendover Road Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. Male April 29, 1871 Married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) Welding WHAT COUNTRY? Retired Manufacturer Oxford, England we too 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry E. Jenkins Wligabeth Milburn 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Helen W. Jenkins 216 Wendover Road INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY

NOT WHILE WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from Dec. 10, 1942 to good 23, 195 Othat I last saw the

deceased alive on 22. 1950. and that death occurred at/1:20 An., from the cours and on the date stated above. 3c. DATE SIGNED

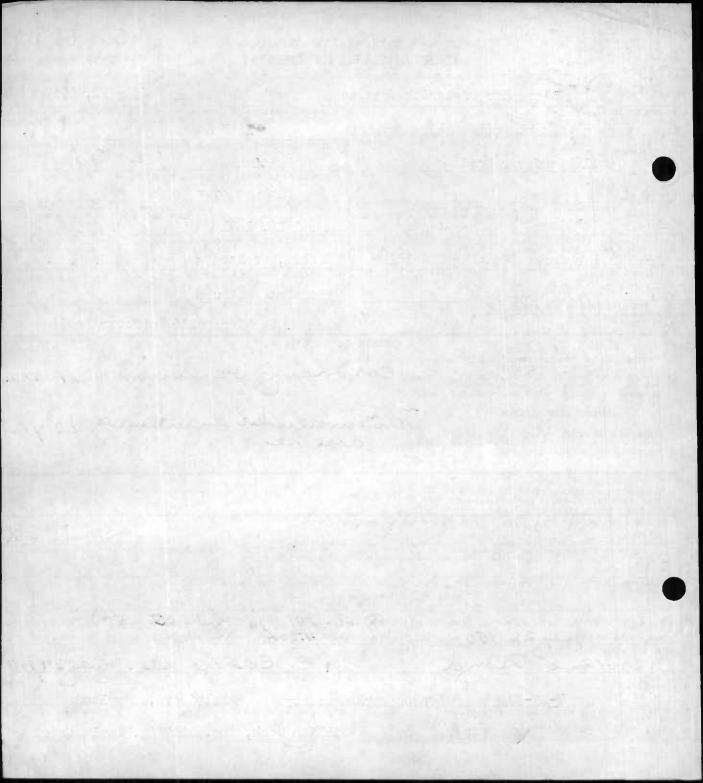
| 3A. SIGNATURE | 01  |       | 2     | 23B. ADE | RESS |       |      | 1 2  |
|---------------|-----|-------|-------|----------|------|-------|------|------|
| C. Hoen       | nes | Bound | м. D. | 24       | €. 8 | Eager | , st | . 95 |
| DUDIAL OPENA  | 1   |       |       |          |      |       |      |      |

24A. BURIAL, CREMA- 24B. DATE 14c. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or Juny) TION, REMOVAL (Specify)

Loudon Fark Cemetery DATE RECEIVED BY LOCAL REGISTRAR

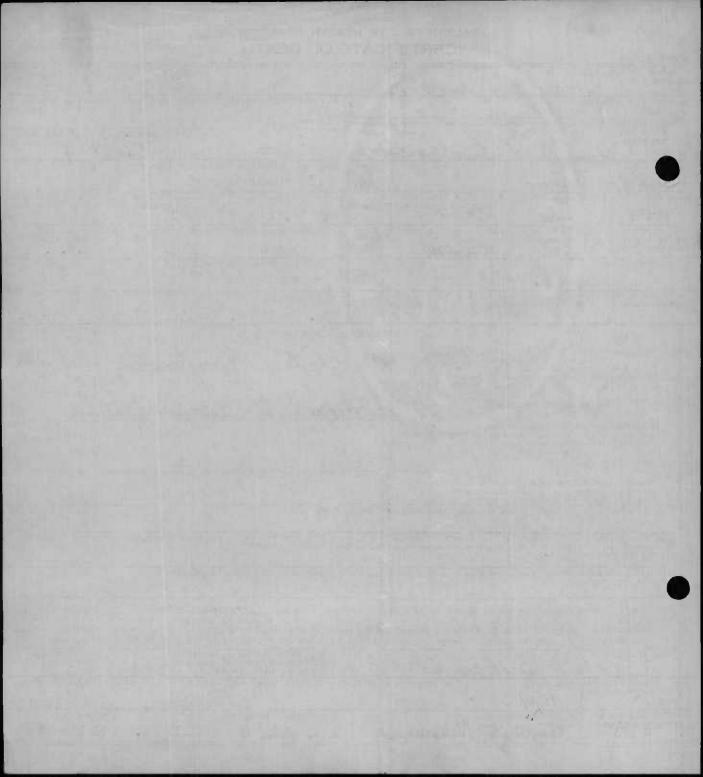
William Cook, Inc. 1217 St. Paul Street 2 A 105 VS 150

Burial



| 1                  | )U 040                         | ) 9_                   |                         | CERTIFICAT                                         |       | OF DEPART                                    |              | Registere                       | d No.          | L                                            |
|--------------------|--------------------------------|------------------------|-------------------------|----------------------------------------------------|-------|----------------------------------------------|--------------|---------------------------------|----------------|----------------------------------------------|
| BIRTH              |                                |                        |                         | CLICITI ICAT                                       |       | JI DEAT                                      |              |                                 |                |                                              |
| 1. NAM<br>(Type or | E OF DECEAS                    | lary E                 | . Ha                    | upton                                              |       |                                              |              | 2. DATE<br>OF<br>DEATH          | 1-21-          | 50                                           |
|                    | imore City, N                  | Taryland               |                         |                                                    | A. 3  | STATE                                        | ENCE (Whe    | ere deceased lived<br>B. COUNTY |                | residence<br>ore admission                   |
| B. FULL<br>HOSPIT  |                                | (If not in hospita     | al or institut          | ion, give strect address o<br>location             | 11    | familand                                     | /IC          | 4-13                            |                | TDAT J. J.                                   |
| INSTIT             |                                | wland                  | Sku.                    | Hospital                                           | 7     | Baltimore                                    |              | itside corporate li             | L-O            | township                                     |
| c. Leng            | gth of stay in                 | Baltimore              |                         | Yrs.<br>Mos.<br>Days                               |       |                                              | ess (If ru   | ral, give location)<br>et       |                |                                              |
| 5. SEX             | _                              | OR OR RACE             |                         | E. MARRIED.                                        | y)    | DATE OF BIRTH                                |              | last birthday)                  |                | Hours Min.                                   |
| rork done d        | uring most of working          |                        |                         | OF BUSINESS OR                                     | 11.   | BIRTHPLACE (                                 |              | ign country)                    | 12. CITIZ      | ZEN OF<br>T COUNTRY                          |
| h                  | ousevije                       |                        | own .                   | nome                                               |       | Maryland                                     |              |                                 | U.S            | 0 0                                          |
| 13. FAT            | HER'S NAME                     |                        |                         |                                                    | 14.   | MOTHER'S MA                                  | IDEN NAM     | 1E                              |                |                                              |
|                    | Geo                            | rge H. Mc              | Comas                   |                                                    |       | ?                                            |              |                                 |                |                                              |
| 15. WAS            | DECEASED EVER                  | IN U. S. ARMED         | FORCES?                 | 16. SOCIAL<br>SECURITY NO.                         | 17.   | INFORMANT                                    |              |                                 | ADDRESS        |                                              |
|                    |                                |                        |                         | 02001111101                                        | A     | br. Carlin                                   | M. Ma        | rtin, 416                       | Turedo         | Street                                       |
| 18.                | 422.1                          | 1                      |                         | CAUSE                                              | OF    | DEATH                                        |              |                                 |                | VAL BETWEE                                   |
|                    | DISEASE OR                     | CONDITION              | DIRECTLY                | <u></u>                                            |       |                                              | 1            | .1 .                            | ONSE           | T AND DEAT                                   |
| -                  |                                | ING TO DEAT            | rH                      | in My                                              | OC.   | ardial                                       | Chau         | become                          | ico lu         | Lunou                                        |
| li                 | eart failure, asth             | enia, etc. It mea      | ns the diseas           | e,                                                 |       |                                              | //           | 7)                              | 7              | /                                            |
| 11                 | njury or compli                | cation which c         | auseu ueati             | 1., 502 10                                         |       | 1-1                                          | . 1          | - 10                            | o lu           | 1 kmow                                       |
| -                  | ANTEC                          | CEDENT CAUS            | ES                      | (lets                                              | ILA   | 20 Esole                                     | Cude         | 1/ 1/ poeula                    | Misass         |                                              |
| Z c                | ISEASES OR C                   | ONDITIONS, II          | ANY, GIVII              |                                                    |       |                                              |              | 4                               |                | M<br>  * * * * * * * * * * * * * * * * * * * |
|                    | INDERLYING C                   |                        |                         | HE DUE TO                                          |       |                                              |              |                                 |                |                                              |
| K                  |                                |                        |                         |                                                    |       |                                              |              |                                 |                |                                              |
| Ĕ                  |                                | -11                    |                         | _(C)                                               |       |                                              |              |                                 |                |                                              |
| T T                | THER SIGNIFICATION THE DISEASE | E DEATH, BUT           | NOT RELAT               | ŁD .                                               |       |                                              |              |                                 |                |                                              |
|                    | DATE OF OPE                    |                        |                         | FINDINGS OF OPE                                    | RATIO | DN                                           |              |                                 |                | AUTOPSY?                                     |
| Z 14               | EXTERNAL CA                    | ALISE WAS              | 218. PLA                | ACE OF INJURY (0. g.,                              | in or | 21c. WHERE D                                 | OID (If      | in Baltimore Cit                | y, give exact  | location)                                    |
| PRI                | MARY OR CON                    | ITRIBUTING [           |                         | arm, factory, street, office bldg.                 |       | INJURY OCCU                                  | R?           |                                 |                |                                              |
|                    | TIME (Month)                   | (Day) (Year)           |                         | 21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK | E     | 21F. HOW DID                                 | INJURY       | OCCUR?                          |                |                                              |
| 22                 | I contifu the                  | t I tools along        |                         | remains described                                  |       | a hald an                                    | Trust        | e Him.                          | thomas         | n and from                                   |
|                    |                                |                        |                         |                                                    |       | /                                            | Autopey, Ins | spection or Inqui               | ry             |                                              |
|                    | and death in                   | obtained by my opinion | said Auto<br>resulted j | ppsy, Inspection or rojn: natural cause            | Inqui | iry, find that accident $\Box$ ,             | sail dece    | eased died on<br>], homicide [  | , undeterm     | ined [].                                     |
| 23A                | SIGNATURE                      | ent B.                 | Mer                     | idder.                                             | M.D.  | 23B. CHIEF MI<br>ASSISTANT MI<br>MEDICAL INV | EDICAL EX    | AMINER                          | 7-21           | SIGNED                                       |
| 24A. B             | URIAL CREMA-                   | 248. DATE              |                         | 24c. NAME OF CEMET                                 | ERYO  | RCREMATORY                                   | 24D. LOC     | ATION (City, to                 | wn, or county) | (State)                                      |
| bur:               |                                | 7/24/5                 | 0                       | Western                                            |       |                                              | Ba.          | ltimore,                        | Mar            | arland                                       |
|                    | RECEIVED BY                    | REGISTRAR'             | SIGNATI                 | IRE .                                              | 25.   | FUNERAL DIR                                  | ECTOR        |                                 |                |                                              |
| UL 2               | 4 1950 R                       | Thuitie                | gton /                  | Mianus, Mills                                      | 2     | m. Bork,                                     | hc.          | 1217 St.                        | Paul St        | rect                                         |
| VS 151             |                                | The same of            | 7 34                    | T. CARROLL ST. W. W.                               |       | 1 8                                          | 2 1/4        |                                 | 930            | W                                            |

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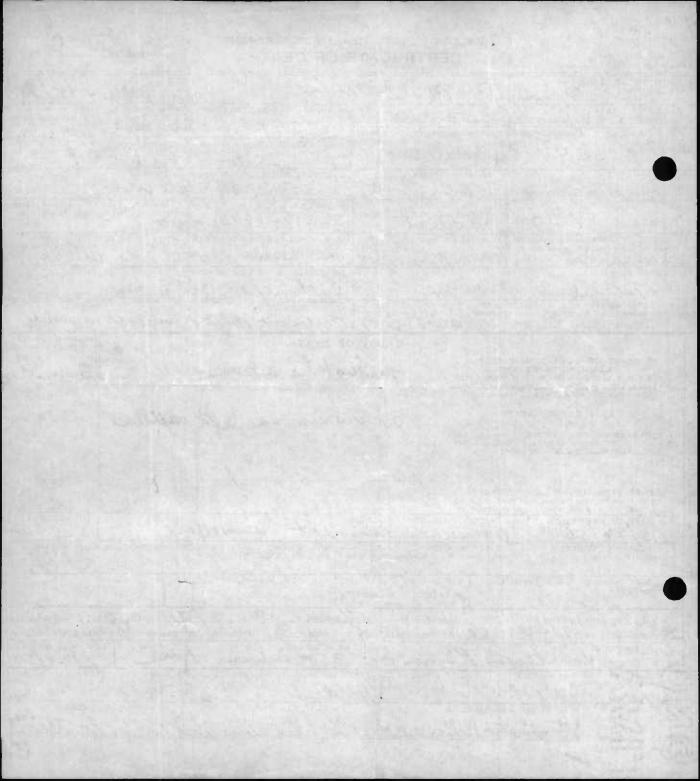


| 62     | -   | 2  |     |
|--------|-----|----|-----|
| BIRTH  | C.X | 34 | 52  |
| 1. NAN | 1E  | OF | DEC |

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 6452

| Type or Print) Joseph P. Markie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | wicz OF July 24-1900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Baltimore City, Maryland Balto, City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence a. STATE 49 SUNDAY before admission)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| FULL NAME OF (If not in hospital or institution, give street address or location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | in the second se |
| NOSPITAL OR NOSTITUTION 3549 Lyprobale are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C. CITY OR TOWN (If outside corporate limits, write KURAL and give township)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Length of stay in Baltimore Life Mos. Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D. STREET ADDRESS (If rural, give location) 35 49 Lyndale and.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| S. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| male White Married (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Jun 17-1903 last birthday) Months Days Hours Min.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)  Adooeduring most of working life, even if retired)  Roma Wines L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11. BIRTHPLACE (State or foreign country)  Balto, md  12. CITIZEN OF WHAT COUNTRY?  W.S.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 3. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 14. MOTHER'S MAIDEN NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Michael Markiewicz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Catherine Rulewisz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (15. WAS DECEASED EVER IN U. S. ARMED FORCES? SECURITY NO. SECURITY NO. 213-03-6099                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | artoinet Markiewig 35 49 fyndole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| DISTANCE OF CONDITION PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ONSE! AND DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| LEADING TO DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | as tatie adenocarcenoma 2 mostles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ANTECEDENT CAUSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | carcenoma lest mapilla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Carcinoria Offmapila                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| UNDERLYING CONDITION LAST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OTHER SIGNIFICANT CONDITIONS CON-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5/24/50 adeuscarenoma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | left maxilla yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 21A. ACCIDENT' SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., is about home, form, foctory, street, office bldg., e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| p. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ED 21F. HOW DID INJURY OCCUR?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| INJURY WHILE AT NOT WHILE AT WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 22. I hereby certify that I attended the deceased from 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | June, 1930, to 7/24, 1950 that I last saw the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| deceased alive on 7/24, 1950, and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | red at 6 : 50 m., from the causes and on the date stated above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 23A. SIGNATURE Lauley B. Rhyanome 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 36. ADDRESS ADDRESS AND THE 7/24/50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 24A. BURIAL, CREMA-1 24B. DATE / ZAC. NAME OF CEMETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FION, REMOVAL (Specify) Ouly 28-50 Holy A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MARIN BASTA. Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25. FUNERAL DIRECTOR ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| LOCAL REGISTRAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mm. S. Finlkourshison 780 toxan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 111 2 4 1950 - Amount of the state of the st | WILL WILLIAM WAY OF CHISTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 10 LVS-150 m \ / // A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |



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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6453

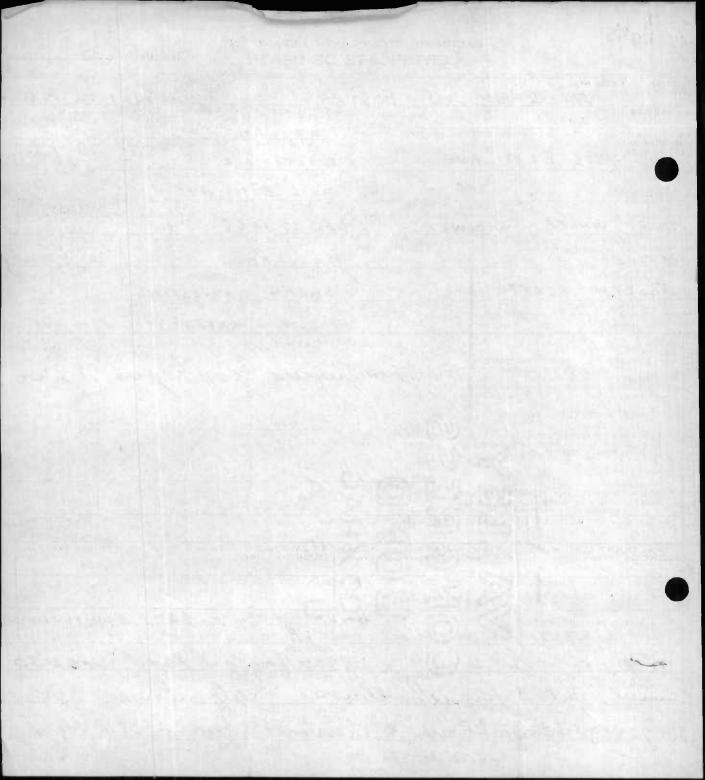
Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF Vogel, Charles William July 23, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUBAL and give INSTITUTION U. S. Marine Hospital township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 104 W. University Pkwy. Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year II Under 24 Hours Iast birthday) Months; Days Hours; Min. Male Widowed Aug 8, 1870 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Physician - Retired Service Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Philip Vogel Maria y - mueller 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mach Records US Marine Hospital INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Coronary thrombosis 15 hrs (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Coronary sclerosis unkn ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL none 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or about home farm factory street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? no D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from July 22, , 19 50 to July 23 , 19 50 that I last saw the deceased alive on July 23, 19 50, and that death occurred at 9:15 am., from the causes and on the date stated above. 23A. SLONATURE 23c. DATE SIGNED U. S. Marine Hospital 24A. BURIAL, CREMA CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) TION, REMOVAL (Specify) Durial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

ALL THE PROPERTY.

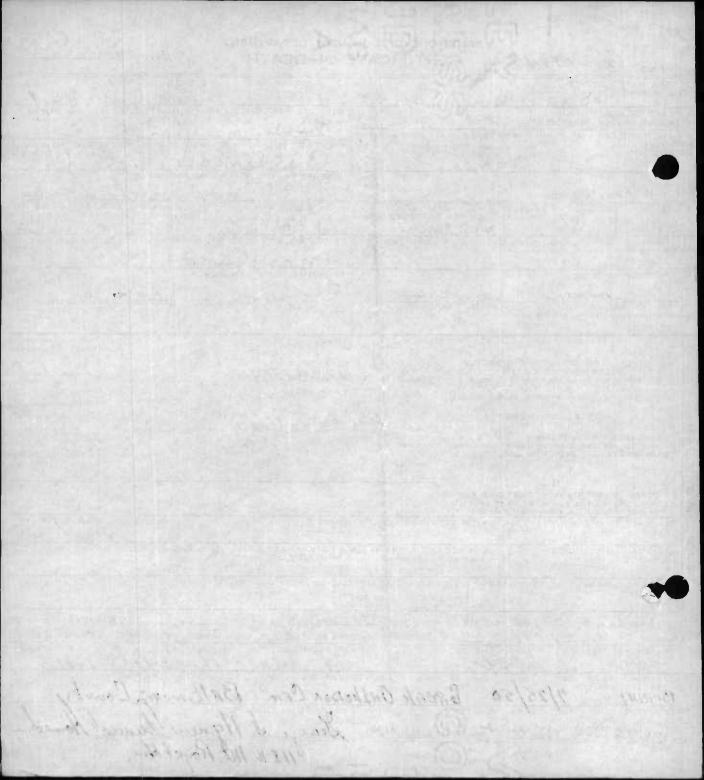
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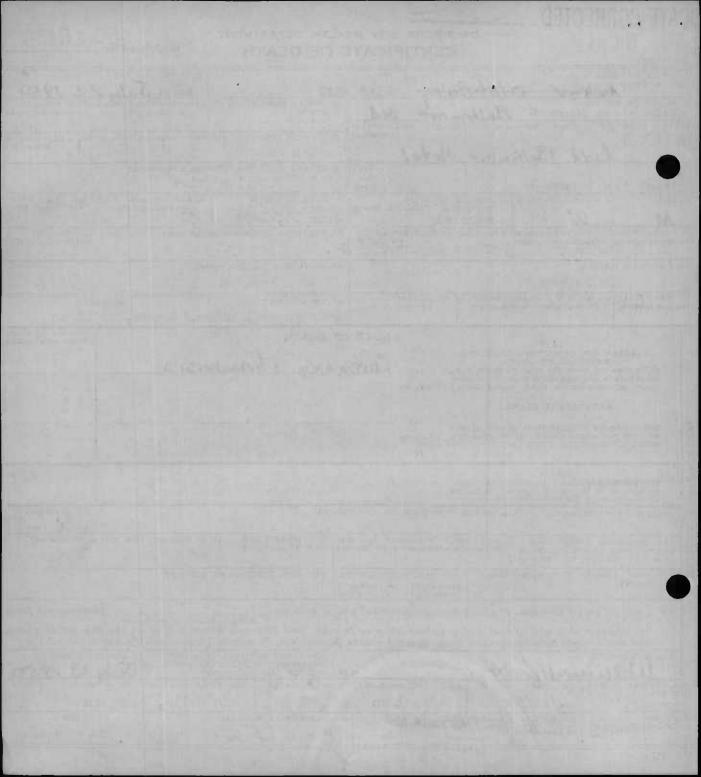
| 0         | 645                                  | 54                                                                               |                                   |                      | OF DEATH                         | Registered                 | 50 545<br>No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4     |
|-----------|--------------------------------------|----------------------------------------------------------------------------------|-----------------------------------|----------------------|----------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| _         | RTH NO.                              |                                                                                  |                                   |                      |                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
|           | NAME OF bype or Print)               | WILL!                                                                            | AM J.                             | FOST                 | ER                               | 2. DATE<br>OF<br>DEATH JUL | y 22 195                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0     |
|           | PLACE OF Baltimore                   | City, Maryland                                                                   |                                   |                      | 4. USUAL RESIDENCE (<br>A. STATE | Where deceased lived, I    | institution: residence<br>before admis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |
| H         | FULL NAME<br>OSPITAL OR<br>STITUTION |                                                                                  |                                   |                      | MARYLAND                         | lf outside corporate lim   | s, writed URA, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | give  |
|           |                                      | 3916 ELA                                                                         | 1 AVE                             |                      | BALTIMORE                        |                            | town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | amp)  |
| c.        | Length of                            | stay in Baltimore                                                                | LIFE                              | Yrs.<br>Mos.<br>Days | 3916 ELM'                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
|           | SEX                                  | 6. COLOR OR RACE                                                                 | 7. SINGLE, MARRI<br>WIDOWED, DIVO | ED,                  | B. DATE OF BIRTH                 | 9. AGE (in years)          | if Under I Year   Il Under 24<br>onths: Days   Hours:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |
| <u> </u>  | MALE                                 | WHITE                                                                            | WIDOWER                           |                      | DEC 27, 1865                     | 84                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| rork      | doneduring mos                       | CCUPATION (Give kind of<br>t of working life, even if retired)                   | 108. KIND OF BUS                  | INDUSTRY             | 11. BIRTHPLACE (State or         | foreign country)           | 12. CITIZEN OF<br>WHAT COUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TRY7  |
|           | FATHER'S                             |                                                                                  |                                   |                      | MARYLAND                         | NAME                       | u. 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
|           | JOSE                                 | PH FOST                                                                          | FR                                |                      | SARAH HA                         | RVESTING                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| 15<br>Yes | . WAS DECEA!                         | SED EVER IN U. S. ARMEI                                                          |                                   | URITY NO.            | 7. INFORMANT                     | ,                          | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |
|           | •                                    | -                                                                                | -                                 | /                    | LOSSIE L. WI                     | 9775-3916                  | the state of the s |       |
|           | 18. / 5                              |                                                                                  |                                   | CAUSE O              |                                  | ,                          | ONSET AND D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
|           |                                      | LEADING TO DEA                                                                   | TH                                | Pauci                | unua Es                          | melinan                    | 111111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |
|           | heart fai                            | es not mean the mode of<br>lure, asthenia, etc. It means<br>r complication which | ins the disease,                  | TO TO                | www.com                          | mayu                       | a 1 yeu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ~_    |
|           |                                      | ANTECEDENT CAU                                                                   | SES                               |                      |                                  | r                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| ATION     | RISE TO                              | ES OR CONDITIONS, I<br>THE ABOVE CAUSE (A)<br>LYING CONDITION LA                 | F ANY, GIVING<br>STATING THE DUE  | : TO                 |                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| FE        |                                      | II.                                                                              |                                   | i)                   |                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| ERT       | TRIBUTI                              | SIGNIFICANT COND<br>NG TO THE DEATH, BUT<br>DISEASE OR CONDITION                 | NOT RELATED                       |                      |                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| L         |                                      |                                                                                  | 98. MAJOR FINDIN                  | GS OF OPERA          | TION                             |                            | 20. AUTOPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Y7    |
| CA        | 21A ACCIE                            | DENT, SUICIDE,                                                                   | 218, PLACE OF I                   | NILIRY (a.e. in.     | or   21c. WHERE DID              | (If in Baltimore City,     | YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |
| EDI       | HOMICIDE                             |                                                                                  | about home, farm, factory         |                      |                                  | (11 III Zuminico City)     | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |
| 2         | D. TIME                              | (Month) (Day) (Year                                                              | (Hour) 21E. INJU                  | JRY OCCURRED         | 21F. HOW DID INJUI               | RY OCCUR?                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
|           |                                      |                                                                                  | m. WORK                           | AT WORK L            |                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
|           | 22. I here                           | by certify that I at                                                             | tended the decease                | d from 9             | 4- , 1950 to                     | 7 - 72 - , 19 =            | Sthat I last say                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | v the |
|           | 23A. SIGNA                           | ATURE                                                                            | _, 19 <b>20</b> , and that        | aeath occurr         | ed at 17 m., from                | the eduses and on          | 23c. DATE SIG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NED   |
|           | T. 11                                | 1. Klas                                                                          | el.                               | м. р. 4              | 508 Haufe                        | of placed                  | 7-22.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0     |
| TIC       | AA. BURIAL,                          |                                                                                  | /_/                               | TO CEMETER           | Y OR CREMATORY 24D.              | LOCATION (City, town       | n, or county) (St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | late) |
| D         |                                      | ED BY RECISTRAR                                                                  |                                   | o occar              | 5. FUNERAL DIRECTOR              | )                          | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |
| L         | IIII_2 A                             | 1050 Mutul                                                                       | ton Williams                      | Mar C                | ustin & So                       | novau-38                   | 18 Nolans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e     |
|           | VS 150                               | 150 by 1500.                                                                     |                                   | William Control      | 1445                             |                            | 460                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2     |
|           |                                      |                                                                                  | 1 2 2 1                           |                      |                                  |                            | 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |



| Z         | 562                        |                                                                     |                   |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                            |
|-----------|----------------------------|---------------------------------------------------------------------|-------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------|
| 0         | CAS                        |                                                                     |                   |                                                                | ALTH DEPARTMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | 50 6455                                    |
| BI        | RTH NO.                    | 50-1464                                                             | 2                 | CERTIFICATI                                                    | E OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Registered :                                   | No.                                        |
| 1.<br>(T; | NAME OF D                  | Babu                                                                | Bou               | Somer                                                          | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. DATE<br>OF<br>DEATH                         | M \ 58                                     |
|           | PLACE OF D.<br>Baltimore ( | EATH:<br>City, Maryland                                             | V                 |                                                                | 4. USUAL RESIDENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Where deceased lived, I                       | institution residence<br>before admission) |
| В.        | FULL NAME                  |                                                                     | ital or instituti | on, give street address or location)                           | c. CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | arylano                                        | ts, write BORA and give                    |
|           | STITUTION                  | St.                                                                 | gane              |                                                                | Baltin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nove 2                                         | (waship)                                   |
| c.        | Length of s                | tay in Baltimore                                                    | 1                 | Yrs.<br>Mos.<br>Days                                           | D. STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (If rural, give location)                      | Parkway                                    |
| 5.        | SEX<br>N                   | 6. COLOR OR RACE                                                    |                   | MARRIED,<br>ED, DIVORCED (Specify)                             | 8. DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | if Under I Year on the Days Hours Min.     |
|           |                            | CUPATION (Give kind) of working life, even if retire                |                   | OF BUSINESS OR                                                 | 11. BIRTHPLACE State of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | r foreign country)                             | 12. CITIZEN OF<br>WHAT COUNTRY?            |
|           |                            |                                                                     |                   | • 1110001111                                                   | maryl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and                                            |                                            |
| 13        | . FATHER'S N               | IAME                                                                | 6                 |                                                                | 14. MOTHER'S MANDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NAME                                           | N:                                         |
| 15        | . WAS DECEASE              | D EVER IN U. S. ARM                                                 | ED FORCES?        | 16. SOCIAL                                                     | Evelyn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Trans                                          | ADDRESS                                    |
| (Ye       | , no or uokoown)           | (If yes, give war or do                                             | tes of service)   | SECURITY NO.                                                   | 17. INFORMANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                | ADDRESS                                    |
|           | 18. 76<br>DISEAS           | SE OR CONDITION<br>LEADING TO DE                                    |                   | CAUSE                                                          | OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                                              | INTERVAL BETWEEN ONSET AND DEATH           |
|           | heart failu                | not mean the mode<br>ire, asthenia, etc. It m<br>complication which | of dying, e. g    | e,                                                             | allen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>//</u>                                      | 1 m 10                                     |
|           |                            | ANTECEDENT CAL                                                      | JSES              | Di                                                             | ansafre it                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                            |
| CATION    | RISE TO T                  | S OR CONDITIONS,<br>THE ABOVE CAUSE (A                              | ) STATING TH      |                                                                | att bilde State St | <u>,                                      </u> |                                            |
| 임         |                            |                                                                     |                   | (C)                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                            |
| ERTIFI    |                            | II<br>SIGNIFICANT CON<br>S TO THE DEATH, BU                         |                   | ٧.                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                            |
| U.        | -                          | F OPERATION                                                         |                   | FINDINGS OF OPER                                               | RATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                | 20. AUTOPSY?                               |
| SAL       |                            | 7                                                                   |                   |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TA ! D.W. GO                                   | YES NO L                                   |
| EDICAL    | HOMICIDE                   | (Specify)                                                           |                   | ACE OF INJURY (e. g., i<br>arm, factory, street, office bldg., |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (If in Baltimore City,                         | give exact location)                       |
| 2         | TIME                       | (Month) (Day) (Yea                                                  |                   | 21E, INJURY OCCURR                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | JRY OCCUR?                                     |                                            |
| R         |                            |                                                                     | m.                | WHILE AT NOT WHILE AT WORK                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                            |
|           |                            | y certify that I a                                                  | ttended the       | deceased from                                                  | -2/ , 19 50, to_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7-21,195                                       | that I last saw the                        |
|           | deceased at                |                                                                     | 4,19_30           |                                                                | rred at 6 a. m., from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n the causes and on                            | 23c, DATE SIGNED                           |
|           | Hoh                        | nyto                                                                | Sher              | M. D.                                                          | It agnes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Hospital                                       | 7/23/50                                    |
| 710       | BURIAL (S                  | Specify 24B. DATE                                                   | 150               | GREEK ORTH                                                     | ODOR CEM L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BALLINGRES L                                   | n, or county) (State)                      |
| L         | TE RECEIVE                 | RAR 1950                                                            | R'S SIGNATI       | Williams M.                                                    | 25 FUNERAL DIRECTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tanew the                                      | ADDRESS Homedine                           |
|           | VS 150                     |                                                                     | AUG NETS          | 200                                                            | Judy 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I Royal Ame                                    | 150                                        |
|           |                            | 1000001.                                                            | n                 | The State of the state                                         | 118 W. 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1. Hoya Man                                    | 121                                        |



| IC             | ATE CO                                      | RRECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7-21-50                                                                             | TIMOPE CITY H                                           | EALTH DEPARTMENT                                    | V                                    | 50 0400                                                                      |
|----------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------|
| BI             | 00 64<br>RTH NO.                            | .56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                         | E OF DEATH                                          | Registere                            | No. 0436                                                                     |
|                | NAME OF D                                   | DECEASED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | làt B                                                                               | AllVED                                                  | DEDC                                                | 2. DATE<br>OF                        | 1 22 1000                                                                    |
| А.<br>В.<br>Н( | FULL NAME                                   | City, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Baltin                                                                              | on, give street address o                               |                                                     | B. COUNTY                            | If Institution: residence<br>before admission)<br>mits, write RURAL and give |
| IN             | STITUTION                                   | Lord Balt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MOYE                                                                                |                                                         | Monroe                                              |                                      | township)                                                                    |
| C.             | Length of s                                 | tay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | Yrs.<br>Mos.<br>Days                                    | 706 Waterloo                                        | ,                                    |                                                                              |
|                | SEX                                         | 6. COLOR OR RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | . MARRIED.<br>ED, DIVORCED (Specify                     | 8. DATE OF BIRTH                                    | 9. AGE (In years last birthday) 52   |                                                                              |
| work           | done during most                            | CUPATION (Give kind of proving life, even if retired) Ingl neer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Hoffmar                                                                             | of Business or<br>INDUSTRY<br>Engineering               | 11. BIRTHPLACE (State or Co. Norway                 | foreign country)                     | 12. CITIZEN OF<br>WHAT COUNTRY?                                              |
| 13             | . FATHER'S                                  | rank Berg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                         | Anna Aumison                                        | NAME                                 |                                                                              |
| 15             | . WAS DECEAS                                | ED EVER IN U. S. ARMEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FORCES?                                                                             | 16. SOCIAL                                              | 17. INFORMANT                                       |                                      | ADDRESS                                                                      |
| (Xei           | , no or unknown)                            | (If yes, give war or date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s of service)                                                                       | SECURITY NO.                                            | Rupp Funeral Ho                                     | mse, Monroe,                         |                                                                              |
| CERTIFICATION  | DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTING | s not mean the mode of the property of the pro | mathe disease aused death.  SES  FANY, GIVIN STATING TH.  ST.  TIONS CON NOT RELATE | (B)                                                     | navy Throm                                          |                                      |                                                                              |
| C              | 19A. DATE C                                 | F OPERATION 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9B. MAJOR                                                                           | FINDINGS OF OPE                                         | RATION                                              |                                      | 20. AUTOPSY7                                                                 |
| EDICA          | UNDERLYIN                                   | NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     | CE OF INJURY (e. g., rm, factory, street, office bldg., |                                                     | (If in Baltimore City                | , give exact location)                                                       |
| M              | ID. TIME                                    | (Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | W                                                                                   | HILE AT NOT WHILE WORK AT WORK                          |                                                     | Y OCCUR?                             |                                                                              |
|                | the ev                                      | ath in my opinion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | said Auto                                                                           | psy, Inspection or                                      |                                                     | EXAMINER                             | the day stated above, undetermined □.                                        |
|                | A. BURIAL. (S<br>N. REMOVAL (S<br>Temoval   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                         | M.D.   MEDICAL INVESTIGA<br>ERY OR CREMATORY 240. I | TOR OCATION (City, toward Salle, Mic |                                                                              |
| DA             | TE RECEIVE                                  | D BY   BECKETBAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | thanks, M. P.                                           | 25. FUNERAL DIRECTOR                                | e. 1217 St                           | ADDRESS                                                                      |
| VS             | 3 151                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *-94 (1)*                                                                           | 0498                                                    | Yara                                                |                                      | 940                                                                          |

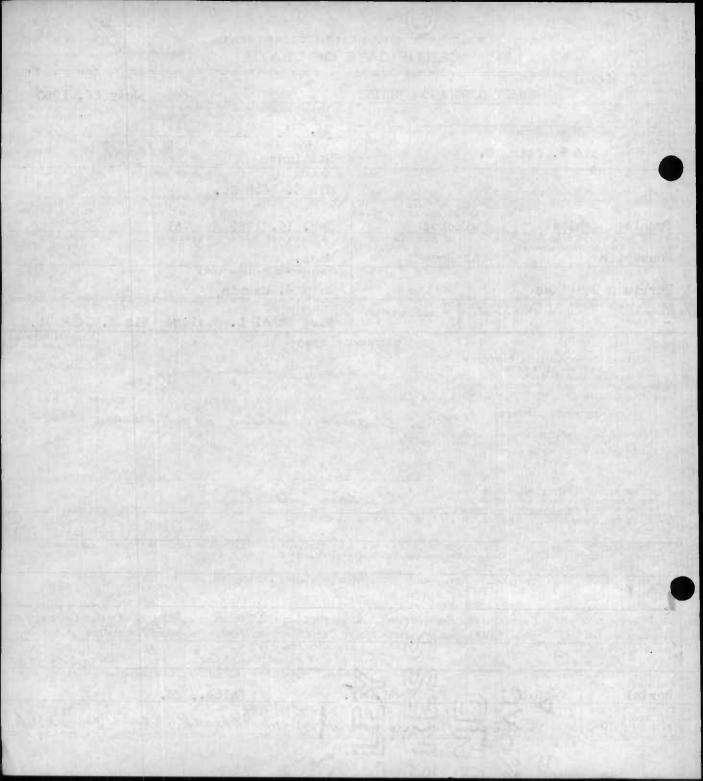


245 21ATH NO.457

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6457

|          | ype or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  | ILY DOU                               | GLASS GOSLINE                                                |                             | OF DEATH JU                              | aly 23, 1950                        |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------|-----------------------------|------------------------------------------|-------------------------------------|--|
| A.       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ity, Maryland                                                                                                    |                                       |                                                              | A. STATE                    | ENCE (Where deceased lived.<br>B. COUNTY |                                     |  |
|          | FULL NAME OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OF (If not in hospit                                                                                             | al or institut                        | ion, give street address or location)                        | Md.                         |                                          |                                     |  |
|          | STITUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 615 E. 34t)                                                                                                      | h C+                                  | 10ca tion)                                                   | c. CITY OR TOWN             | (If outside corporate lin                | nits write BURAL and give township) |  |
| 1        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 019 D. 940                                                                                                       | 11 56.                                |                                                              | Baltimore                   | 1-                                       | township?                           |  |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                       | Yrs.                                                         | D. STREET ADDRE             | SS (If rural, give location)             |                                     |  |
| c.       | Length of st                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ay in Baltimore                                                                                                  |                                       | Mos.  <br>Days                                               | 615 E. 34t                  |                                          |                                     |  |
| 5.       | SEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6. COLOR OR RACE                                                                                                 |                                       | E. MARRIED.<br>/ED, DIVORCED (Specify)                       | 8. DATE OF BIRTH            | 9. AGE (In year-<br>last birthday)       | Months: Days Hours: Min.            |  |
|          | female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | white                                                                                                            |                                       | dowed                                                        | Mar. 16. 1                  |                                          |                                     |  |
| 10       | A. USUAL OCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CUPATION (Give kind of                                                                                           | 108. KINE                             | OF BUSINESS OR                                               |                             | State or foreign country)                | 12. CITIZEN OF                      |  |
| orl      | Housewi :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | f working life, even if retired)                                                                                 |                                       | Home                                                         | Wass                        |                                          | WHAT COUNTRY?                       |  |
|          | . FATHER'S N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  | At                                    | TOME                                                         | Mass.                       |                                          |                                     |  |
| 13       | . FATHERS N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AME                                                                                                              |                                       |                                                              | 14. MOTHER'S MA             | IDEN NAME                                |                                     |  |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n Douglass                                                                                                       |                                       |                                                              | Mary J. Ma                  | rvin                                     |                                     |  |
| Ye       | , no or unknown)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D EVER IN U. S. ARMEI<br>(If yes, give war or date                                                               | m of service)                         | 16. SOCIAL<br>SECURITY NO.                                   | 17. INFORMANT               |                                          | ADDRESS                             |  |
|          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  |                                       |                                                              | Miss Ethel                  | L. Gosline 618                           | E. 34th St.                         |  |
|          | 18. 420                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | . 0 .                                                                                                            |                                       | CAUSE                                                        | OF DEATH                    |                                          | INTERVAL BETWEEN                    |  |
|          | DISEAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E OR CONDITION                                                                                                   | DIRECTLY                              |                                                              |                             | ,                                        | 1 7                                 |  |
|          | (This does not mean the mode of dying, e.g., (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                       |                                                              |                             |                                          |                                     |  |
|          | heart failu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | re, asthenia, etc. It mes                                                                                        | ans the diseas                        | se,                                                          | 1                           |                                          |                                     |  |
|          | injury or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | complication which                                                                                               | caused deatl                          | a.) DUE TO                                                   |                             |                                          |                                     |  |
|          | ANTECEDENT CAUSES (1. True Locat design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                       |                                                              |                             |                                          |                                     |  |
| Z        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (B) Alleres Clerke he set Meller " do ye                                                                         |                                       |                                                              |                             |                                          |                                     |  |
| 0        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. |                                       |                                                              |                             |                                          |                                     |  |
| -        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                       |                                                              |                             |                                          |                                     |  |
| <u>U</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                       |                                                              |                             |                                          |                                     |  |
| L        | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | П                                                                                                                |                                       | (C)                                                          | 11 1 1 14492445445445445444 | me jejne koroni                          |                                     |  |
| 1        | OTHER S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IGNIFICANT COND                                                                                                  | ITIONS CO                             | N- 1                                                         | 1                           | in the second                            |                                     |  |
| Ш        | TRIBUTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TO THE DEATH, BUT                                                                                                | NOT RELAT                             | ED Weak                                                      | de melle                    | lus                                      |                                     |  |
| U        | And the second s | F OPERATION                                                                                                      |                                       | FINDINGS OF OPER                                             | ATION                       |                                          | 20. AUTOPSY?                        |  |
| Ļ        | ISA. DATE O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | O' EILA TION O                                                                                                   | , , , , , , , , , , , , , , , , , , , |                                                              |                             |                                          | YES NO P                            |  |
| CA       | 01. 100105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NT CHICLOS                                                                                                       | l ata Bi                              | ACE OF INITIBY (a. a. i.                                     | or 21c. WHERE C             | III in Baltimore City                    | y, give exact location)             |  |
| ED.      | HOMICIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NT. SUICIOE.<br>(Specify)                                                                                        | about home,                           | ACE OF INJURY (e. g., in<br>farm.factory,street.officebldg., |                             |                                          | , give exact location)              |  |
| 3        | PID TIME (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Month) (Day) (Year                                                                                               | (Hour)                                | 21E. INJURY OCCURR                                           | EO 21F. HOW OID             | INJURY OCCUR?                            |                                     |  |
|          | F INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (1111)                                                                                                           | , (                                   | WHILE AT   NOT WHILE                                         |                             |                                          |                                     |  |
| h        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | nı.                                   | WORK AT WORK                                                 |                             |                                          |                                     |  |
|          | 22. I hereh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | y eertify that I at                                                                                              | tended the                            | deceased from 6                                              | June 195                    | 0, to 23 July, 19                        | 50, that I last saw the             |  |
|          | dcceased al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | incom 17                                                                                                         | 10.5                                  | and that death occur                                         |                             | , from the causes and on                 |                                     |  |
|          | 23A. SIGNAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  | , 10,                                 | and that death occur                                         | 38. ADDRESS                 | , from the causes and on                 | 23C/DATE SIGNED                     |  |
|          | ZJA. SIGIVA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -013                                                                                                             |                                       |                                                              | 2843 1                      | Coul St                                  | 24 Wel 10 00                        |  |
| _        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ner (                                                                                                            | -                                     | M. D.                                                        |                             | 24D. LOCATION (City, to                  | wn, or county) (State)              |  |
| 71       | 4A. BURIAL, CON, REMOVAL (S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | REMA 248 DATE pecify)                                                                                            |                                       | 24c. NAME OF CEMETE                                          | AT OR CREMATORY             | Z-D. LOCATION (City, to                  | , or county) - (Deate)              |  |
|          | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7/25/50                                                                                                          |                                       | Parkwood Cem                                                 |                             | Balto. Md.                               |                                     |  |
|          | ATE RECEIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D BY   REGISTRAR                                                                                                 |                                       |                                                              | 25. FUNERAL DIR             |                                          | APPRESS 1 000 4                     |  |
| L        | OCAL REGIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RAR<br>1051                                                                                                      | ti +                                  | William ME                                                   | Mm X                        | Ichanes Txan                             | o Dallolla                          |  |
|          | JUL 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DCC                                                                                                              | AND STAN                              | - / someone into                                             | Maria                       |                                          |                                     |  |
|          | VS 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E. Sall                                                                                                          | 100                                   | there will a superior with the second                        | V                           |                                          | 1.1                                 |  |

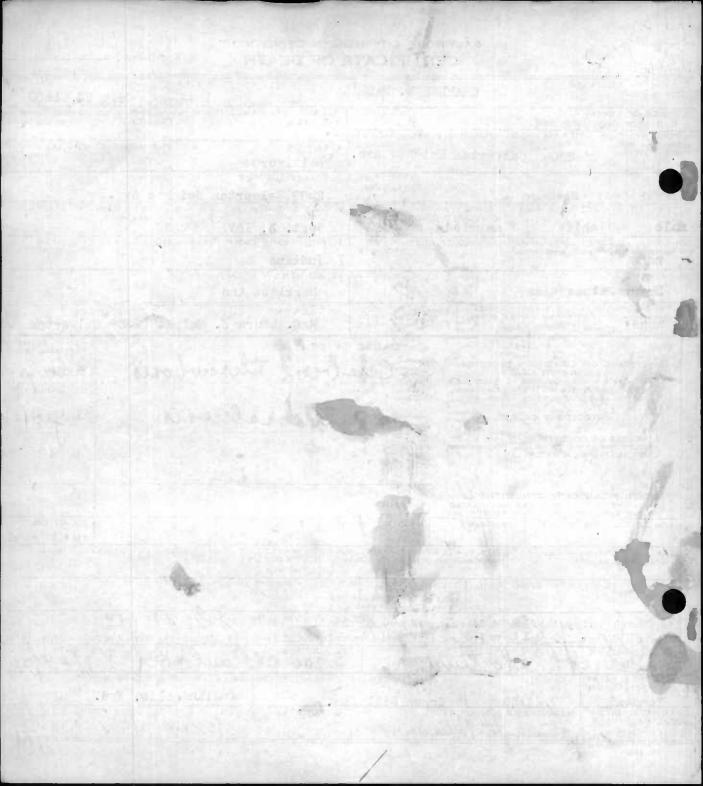


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|           | 50 64                                                                                                        | 158                                                                                                                                                                             |                                                                                | TIMORE CITY HE                                                    |                           |                                                  | 50 6458<br>No.                                            |  |
|-----------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------|--------------------------------------------------|-----------------------------------------------------------|--|
| -         | IRTH NO.                                                                                                     |                                                                                                                                                                                 |                                                                                |                                                                   |                           |                                                  |                                                           |  |
| (7        | NAME OF D                                                                                                    | ECEASED                                                                                                                                                                         | CHA                                                                            | RLES E. MALPA                                                     | S                         | 2. DATE<br>OF<br>DEATH JU                        | aly 23, 1950                                              |  |
| Α.        |                                                                                                              | City, Maryland                                                                                                                                                                  |                                                                                |                                                                   | A. STATE                  | NCE (Where deceased lived, I<br>B. COUNTY        | f institution; residence<br>before admission)             |  |
| H         | FULL NAME<br>OSPITAL OR<br>ISTITUTION                                                                        |                                                                                                                                                                                 |                                                                                | ion, give street address or<br>location)<br>n Heights Ave.        | c. CITY OR TOWN Baltimore | (If outside corporate lim                        | its, write RURAL and give township)                       |  |
| C.        | Length of s                                                                                                  | tay in Baltimore                                                                                                                                                                |                                                                                | Yrs.<br>Mos.<br>Days                                              |                           | ss (If rural, give location)<br>erton Heights Av | e •                                                       |  |
|           | sex<br>Rale                                                                                                  | 6. COLOR OR RACE                                                                                                                                                                | 7. SINGLE<br>WIDOW<br>Marri                                                    | MARRIED, P. (Specify)                                             | Sept. 3,                  |                                                  | Hunder 1 Year II Under 24 Hours<br>Lonths Days Hours Min. |  |
| 10        | DA. USUAL OC<br>L done during most;<br>NONE                                                                  | CUPATION (Give kind of of working life, even if retired)                                                                                                                        | 10B. KIND                                                                      | OF BUSINESS OR INDUSTRY                                           | II. BIRTHPLACE (S         | tate or foreign country)                         | 12. CITIZEN OF<br>WHAT COUNTRY?                           |  |
| 13        | FATHER'S                                                                                                     | IAME                                                                                                                                                                            |                                                                                |                                                                   | 14. MOTHER'S MA           | IDEN NAME                                        |                                                           |  |
|           | Henry                                                                                                        | Malpas                                                                                                                                                                          |                                                                                |                                                                   | Harriett                  | Ann                                              |                                                           |  |
| 15<br>(Ye | MAS DECEASE<br>os, no or options)<br>none                                                                    | D EVER IN U. S. ARMED                                                                                                                                                           | FORCES?<br>n of service)                                                       | 16. SOCIAL<br>SECURITY NO.                                        | 17. INFORMANT Mrs. Lau    |                                                  | ADDRESS ts<br>09 Calverton Hg                             |  |
| TEICATION | (This does<br>heart failu<br>injury or<br>DISEASE<br>RISE TO T                                               | SE OR CONDITION LEADING TO DEA's not mean the mode of tre, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA | TH  of dying, e.g.  ns the diseas  caused death  SES  F ANY, GIVIN  STATING TH | NG (5)                                                            | tuis.                     | hremboris<br>Levos is                            | 2 years                                                   |  |
| CERTI     | TRIBUTING                                                                                                    | SIGNIFICANT CONDI<br>S TO THE DEATH, BUT<br>DISEASE OR CONDITION                                                                                                                | NOT RELATE                                                                     | ED                                                                |                           |                                                  |                                                           |  |
|           |                                                                                                              |                                                                                                                                                                                 |                                                                                | FINDINGS OF OPER                                                  | RATION                    |                                                  | 20. AUTOPSY?                                              |  |
| EDICA     | 21A. ACCIDE<br>HOMICIDE                                                                                      | ENT, SUICIDE,<br>(Specify)                                                                                                                                                      | 218. PLA<br>about home, f                                                      | ACE OF INJURY (e. g., in<br>arm, factory, street, pflice bldg., e | or 21c. WHERE D           |                                                  | give exact location)                                      |  |
| Σ         | 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK |                                                                                                                                                                                 |                                                                                |                                                                   |                           |                                                  |                                                           |  |
| 1000      | deceased a                                                                                                   | verh. K                                                                                                                                                                         | Porti                                                                          | and that death occur                                              | 2706 AY                   | frost the causes and on                          | 7/24/50                                                   |  |
| Z<br>TI   | on, removal (S                                                                                               | 9 /0 4 /0                                                                                                                                                                       | 1000                                                                           | Crown Hill C                                                      | 000                       | Indianapolis,                                    |                                                           |  |
|           | ATE RECEIVE                                                                                                  | D BY   REGISTRAR                                                                                                                                                                | S SIGNATU                                                                      |                                                                   | 25. FUNERAL DIR           | ECTOR HIM                                        | ADDRESS ADDR                                              |  |

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Thursday / Musille / H 0157 83B Md.

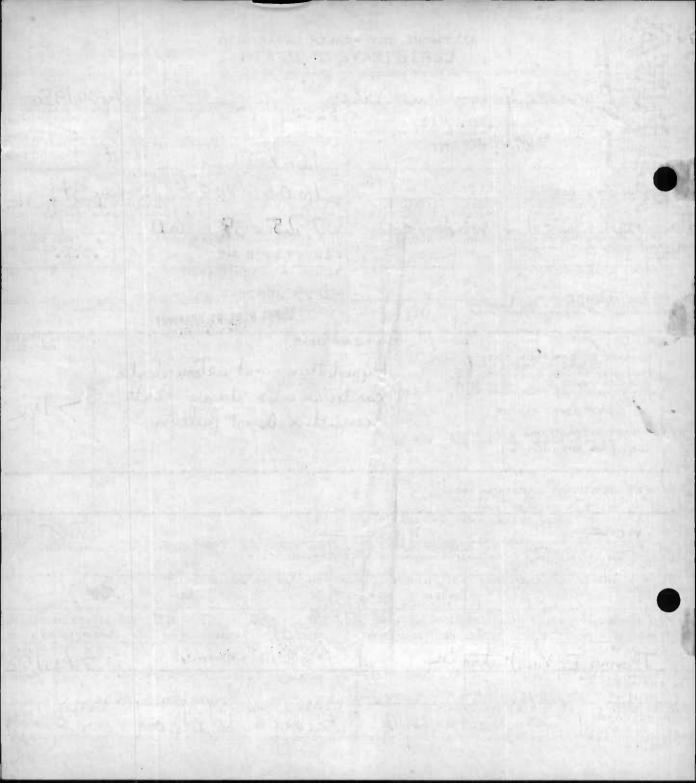


| 10 RATE   | ) |
|-----------|---|
| BIRTH NO. | 7 |

### BALTIMORE CITY HEALTH DEPARTMENT

50 - 6459

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DASLES DEATH VA 4. USUAL RESIDENCE (Where deceased lived, If istitution: residence 3. PLACE OF DEATH: Maryland Balto City
(14 pet in hospital or institution, give street address or location) A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits wite RORAL and give INSTITUTION townshin) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Life c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. A Under 24 Hours WIDOWED, DIVORCED (Specify) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State ... foreign country) 10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY U. SHAT COUNTR At Home hicerstown Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Andrews 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT NOPKINS HOSPITEL 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive and arterios desotic (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION EDICAL none none 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, fectory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21F. INJURY OCCURRED NOT WHILE! WORK 22. I hereby certify that I attended the deceased from. 1950 to\_ 7 - 20 , 1950 that I last saw the deceased alive on ] - P. o 10 P.m., from the causes and on the date stated above. . 19 D. and that death occurred at\_\_\_ 23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED mas Melna 24A. BURIAL, CREMA-248. DATE 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) 7/24/1950 Burial Mt Calvery Cem Brooklyn A.A. CoMd DATE RECEIVED BY UNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Cution Milland Mill



1. NAME OF DECEASED (Type or Print)

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No. 64.0

2. DATE OF DEATH

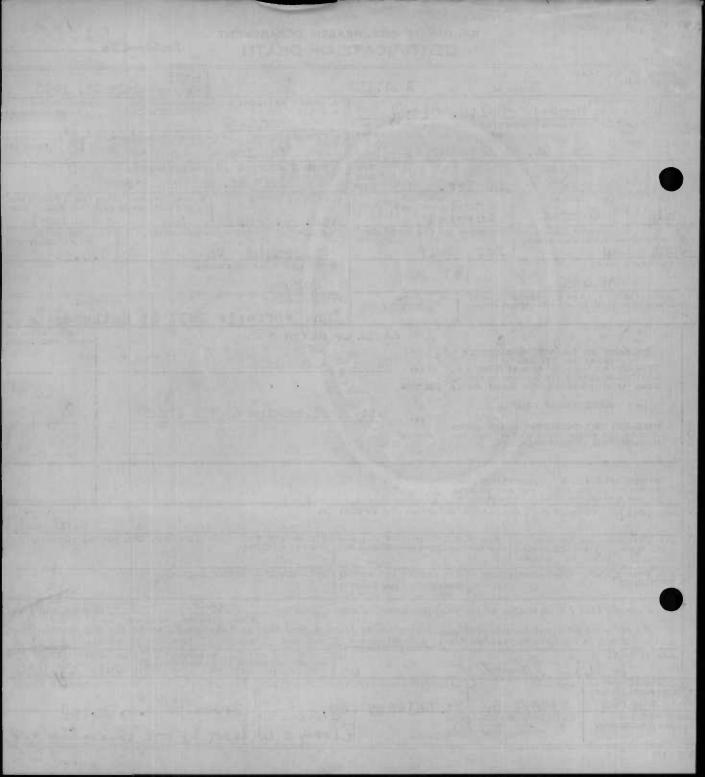
| (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cayo DEATH July 22, 1951                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. PLACE OF DEATH: A. Baltimore City, Maryland Osl CBalto. Md                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4. USUAL RESIDENCE (Where deceased lived, it institution : residence A. STATE B. COUNTY before a mission)                                                   |
| B. FULL NAME OF ALL POT IN hospital or institution, give street address HOSPITAL OR INSTITUTION locati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | on) C. CITY OF TOWN (If outside corporate limits with UKWI, and give township)                                                                              |
| v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1) allemore                                                                                                                                                 |
| c. Length of stay in Baltimore I4 Yrs. M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 08. 11.5.1 \\ \tag{1}                                                                                                                                       |
| SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF                                                                                                  |
| rork dene during most of working life, even if retired) At Home INDUST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |
| 13. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14. MOTHER'S MAIDEN NAME                                                                                                                                    |
| John Beachum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Bessie Tucker                                                                                                                                               |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17. INFORMANT ADDRESS                                                                                                                                       |
| No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OHNS ROPKINS HOSPITAL                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E OF DEATH INTERVAL BETWEEN ONSET AND DEATH                                                                                                                 |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | opathic Thombocytonenic 5days.                                                                                                                              |
| neart faiture, astnema, etc. It means the disease,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |
| injury or complication which caused death.) DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pur pura                                                                                                                                                    |
| ANTECEDENT CAUSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                             |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                             |
| UNDERLYING CONDITION LAST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                             |
| <u>U</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                             |
| OTHER SIGNIFICANT CONDITIONS CON-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                             |
| TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                             |
| None Iss. MAJOR PINDINGS OF OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PERATION 20. AUTOPSY?                                                                                                                                       |
| 21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | g., in or   21c. WHERE DID (If in Baltimore City, give exact location)                                                                                      |
| LYING OR CONTRIBUTING about home, farm, factory, street, office bl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | dg.,etc.) INJURY OCCUR?                                                                                                                                     |
| 21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                             |
| INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RRED 21F. HOW DID INJURY OCCUR?                                                                                                                             |
| m. WHILE AT NOT WH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ILE                                                                                                                                                         |
| m. WHILE AT NOT WH AT WORK AT WO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RX - 2 ( = 19 50 to 7 - 2 2 19 5 Cthat I last saw the                                                                                                       |
| 22. I hereby certify that I attended the deceased from deceased alive on 7-2-2, 19 and that death or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | The standard of the causes and on the date stated above.                                                                                                    |
| m. WHILE AT NOT WE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 7 - 2 - 19 and that death or 23A. SIGNATURE  WORK AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WO | curred at Anni S HONFITH. 236. DATE SIGNED                                                                                                                  |
| 22. I hereby certify that I attended the deceased from deceased alive on 7 - 2 - 7, 19 and that death oc 23A. SIGNATURE  24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | The standard of the causes and on the date stated above.                                                                                                    |
| 22. I hereby certify that I attended the deceased from and that death oc 23A. SIGNATURE  24A. BURIAL, CREMA! 24B. DATE: 24C. NAME OF CEME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 238. ADDRESS  240. LOCATION (City, town, or county)  25 FUNERAL DIRECTOR  25 CADDRESS  26 FUNERAL DIRECTOR  27 CADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS |
| 22. I hereby certify that I attended the deceased from deceased alive on 7 - 2 - 19 and that death oc 23A. SIGNATURE  24A. BURIAL. CREMA- 24B. DATE TION PREMOVAL (Specify) 7/25/950  DATE RECEIVED BY REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  24 1950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 238. ADDRESS  240. LOCATION (City, town, or county)  25 FUNERAL DIRECTOR  25 CADDRESS  26 FUNERAL DIRECTOR  27 CADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS |
| 22. I hereby certify that I attended the deceased from deceased alive on 7 - 2 - 19 and that death oc 23A. SIGNATURE  24A. BURIAL CREMA 24B. DATE TION PROPERTY TO | THE NAME OF THE COLUMN OF COUNTY COUNTY (State)                                                                                                             |

Co. Hitte Tale residence Complaint whole the Market word committee

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 64

| BIRTH NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | ERTIFICATI                         | E OF DEATH                                                                               |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------|------------------------------------------------------------------------------------------|--|--|--|
| 1. NAME OF DECEASED (Type or Print) EDWA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ABD              | JEFFRIES                           | 2. DATE OF Tables 01 1000                                                                |  |  |  |
| 3. PLACE OF DEATH:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                    | DEATH JULY 21, 1950  4. USUAL RESIDENCE (Where deceased lived. If institution: residence |  |  |  |
| A. Baltimore City, Maryland Balto, City  B. FULL NAME OF (If not in hospital or institution, give street address or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                    | A. STATE B. COUNTY before admissio                                                       |  |  |  |
| HOSPITAL OR<br>INSTITUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | location)                          | C. CITY OR TOWN (If outside corporate imit, write RURAL and gi                           |  |  |  |
| 1217 St. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | latthew S        |                                    | Baltimore                                                                                |  |  |  |
| gth of stay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | E 0 37           | Yrs.<br>Mos.                       | o. Street address (If rural, give location)  1217 St. Matthew Street                     |  |  |  |
| 5. SEX   6. COLOR OR RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 50 Yrs           | MARRIED,                           | 8. DATE OF BIRTH 9. AGE (In years) If linder 1 Year   If linder 24 Hor                   |  |  |  |
| Male Colored                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Marri            | o, DIVORCED (Specify)              | Aus. 4. 1891 58 Months Days Hours Mi                                                     |  |  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | IOB. KIND O      | F BUSINESS OR                      | 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTR                   |  |  |  |
| Junk Man                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 177              | elf                                | Richmond Va U.S.A.                                                                       |  |  |  |
| 13. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                    | 14. MOTHER'S MAIDEN NAME                                                                 |  |  |  |
| Unkown 15. Was deceased ever in U. S. Armei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D FORCES 1 1     | 6. SOCIAL                          | Unkown                                                                                   |  |  |  |
| (Yes, no or nnknown) (If yes, give war or date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | a of service)    | SECURITY NO.                       | 17. INFORMANT ADDRESS                                                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | CALICE                             | Anna Jefferis I2I7 St Mathewes St                                                        |  |  |  |
| DISEASE OR CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DIRECTIV         | CAUSE                              | OF DEATH                                                                                 |  |  |  |
| LEADING TO DEA<br>(This does not mean the mode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TH               | Chron                              | ic alcoholism                                                                            |  |  |  |
| heart failure, asthenia, etc. It mes<br>injury or complication which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ans the disease, | XDUEXOS                            |                                                                                          |  |  |  |
| ANTECEDENT CAU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SES              | 773 1.1                            |                                                                                          |  |  |  |
| Z DISEASES OR CONDITIONS, I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | F ANY, GIVING    | (B) Fatty                          | infiltration of the liver                                                                |  |  |  |
| DISEASES OR CONDITIONS, IN RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAD THE SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION LAD TO THE DISEASE OR CONDITION LAD THE DISEASE OR CONDIT | STATING THE      | DUE TO                             |                                                                                          |  |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | (C)                                |                                                                                          |  |  |  |
| OTHER SIGNIFICANT COND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ITIONS CON-      |                                    |                                                                                          |  |  |  |
| TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NOT RELATED      |                                    |                                                                                          |  |  |  |
| U 19A. DATE OF OPERATION 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 98. MAJOR FI     | INDINGS OF OPER                    |                                                                                          |  |  |  |
| A SYTERNAL CAUSE WAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2 IR PLACE       | OF INJURY (e. g., in               | ves X No Large 21c. WHERE DID (If in Baitimore City, give exact location)                |  |  |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-<br>UTING CAUSE OF DEATH.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | , factory, street, office bldg., e |                                                                                          |  |  |  |
| Z 21D. TIME (Month) (Day) (Year) OF INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | INJURY OCCURRI                     | ED 21F, HOW DID INJURY OCCUR?                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | m.   wo          | ORK AT WORK                        | Antonor                                                                                  |  |  |  |
| I certify that I took char                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                    | Autopsy, Inspection or Inquiry                                                           |  |  |  |
| the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated of and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                    |                                                                                          |  |  |  |
| 23A. SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 211              |                                    | 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED                                             |  |  |  |
| William Ogn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WIN              |                                    | d. Assistant Medical examiner                                                            |  |  |  |
| 24A. BURIAL, CREMA- 24B. DATE<br>TION, REMOVAL (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                    | RY OR CREMATORY 24D. LOCATION (City, town, or county) (State                             |  |  |  |
| Burial 7/26/1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 950 Mt           |                                    | em Brooklyn A.A. Co Md                                                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ator Mill        | LALLA, MAR                         | Chay o. Wilson 1000 Brantte god                                                          |  |  |  |
| V S 151                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6                |                                    | 12110                                                                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | 2906                               | 12.42                                                                                    |  |  |  |



250

| 0 6462<br>BIRTH NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CERTIFICATI                                                                        | E OF DEATH                                  | Registered No. 040E                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------|
| 1. NAME OF DECEASED (Type or Print) Giovannina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Buscemi                                                                            |                                             | ATE OF EATH July 21st 1950                                                         |
| 3. PLACE OF DEATH:  a. Baltimore City, Maryland 16  B. FULL NAME OF (If not in hospita                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17 Montpelier Ave                                                                  | 4. USUAL RESIDENCE (Where d                 | eceased lived. If institution: residence<br>B. COUNTY before admission)            |
| HOSPITAL OR<br>INSTITUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | location)                                                                          |                                             | corporate limits write RURAL and give township)                                    |
| c. Length of stay in Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yrs.<br>Mos.<br>Days                                                               | o. STREET ADDRESS (If rural, g              |                                                                                    |
| 5. SEX FE 6. COLOR OR RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED (Specify)                                 | 8. DATE OF BIRTH 9. AC                      | GE (In years of Under I Year of Under 24 Hours st birthday) Months Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  Housewife                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    | 11. BIRTHPLACE (State or foreign of         |                                                                                    |
| 13. FATHER'S NAME Vincenze Arena                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    | 14. MOTHER'S MAIDEN NAME Francesca Padelina |                                                                                    |
| 15. WAS DECEASED EVER IN U. S. ARMED<br>Yee, no or unknown) (If yee, give war or dates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FORCES?   16. SOCIAL                                                               | 17. INFORMANT Francesca Orlando             | ADDRESS 1617 Montpelier Ave                                                        |
| (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication which complication which complication which complication with the complex of the complex | ns the disease, saused death.) OUE TO SES  (B)                                     | remin of the                                |                                                                                    |
| OTHER SIGNIFICANT CONDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NOT RELATED                                                                        |                                             | ESTATE LE MISSE                                                                    |
| ¥                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 98. MAJOR FINDINGS OF OPER                                                         | ATION                                       | 20. AUTOPSY7 YES NO                                                                |
| 21A. ACCIDENT, SUICIDE,<br>HOMICIDE (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 218. PLACE OF INJURY (e. g., i<br>about home, farm, factory, street, office bldg., |                                             | altimore City, give exact location)                                                |
| 21D. TIME (Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK                          |                                             |                                                                                    |
| 22. I hereby certify that I att deceased alive on July 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1950, and that death occur                                                         | red atm., from the car                      | ses and on the date stated above.                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | fredme . M. O.                                                                     | 3B. ADDRESS [. Nor                          |                                                                                    |
| 24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Burial  DATE RECEIVED BY REGISTRAT'S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | RY OR CREMATORY 240. LOCATION 4430 Be       | ON (City, town, or county) (State)  lair Rd. Raltimore Md  ADDRESS                 |

. . . or many was a self

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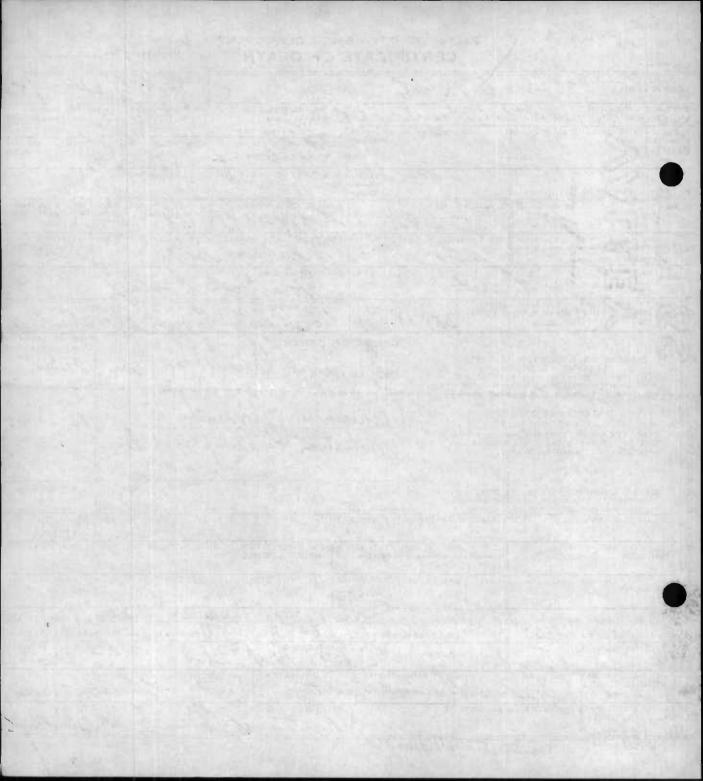
Frank Gellaliae 322 S. High St. 48a

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| 6            | 2050                                                              | 6463                                                                                                         |                                                      |                                                            | EALTH DEPARTMENT                           | 5<br>Registered N        | 0 6463                                                                            |
|--------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|--------------------------|-----------------------------------------------------------------------------------|
| 1.           | NAME OF D                                                         | ECEASED NA OR                                                                                                | Au                                                   | 0B6                                                        |                                            | 2. DATE<br>OF            | 122150                                                                            |
| B. I         | PLACE OF D<br>Baltimore (<br>FULL NAME<br>OSPITAL OR<br>STITUTION | City, Maryland                                                                                               | ital or institution                                  | n, give street address or location)                        | Beeltin                                    | outside corporate limits | nstitution': residence before admission)  MORC (,  write RURAL and give township) |
| 5.           | SEX                                                               | tay in Baltimore                                                                                             | WIDOWE                                               | D. DIVORCED (Specify)                                      | 3067 S<br>B. DATE OF BIRTH<br>May 29, 1889 | (dast birthday) Mor      | Onder 1 Year Hunder 24 Hours Min.                                                 |
| work (       | deneduring most                                                   | CUPATION (Give kinds of working life, even if retires NAME                                                   |                                                      | DF BUSINESS OR INDUSTRY                                    | 14. MOTHER'S MAIDEN N                      |                          | 12. CITIZEN OF<br>WHAT COUNTRY?                                                   |
|              | . WAS DECEAS:<br>, no or nnknown)                                 | ED EVER IN U. S. ARM                                                                                         |                                                      | 16. SOCIAL<br>SECURITY NO.                                 | 17. INFORMANT                              | Rocof                    | DDRESS                                                                            |
|              | (This does                                                        | SE OR CONDITION LEADING TO DE s not mean the mode pre, asthenia, etc. It m complication which ANTECEDENT CAN | ATH of dying, e.g., eans the disease, caused death.) | (A) 40,                                                    | leux ein:                                  | à                        | 1 NTERVAL BETWEEN ONSET AND DEATH                                                 |
| ERTIFICATION | OTHER S                                                           | S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION  II SIGNIFICANT CON                                       | A) STATING THE<br>LAST.<br>DITIONS CON-              | DUE TO HELD                                                | ronhogic                                   | Duther                   | is luk                                                                            |
| LC           | TO THE E                                                          | G TO THE DEATH, BUDISEASE OR CONDITION                                                                       | ON CAUSING IT.                                       |                                                            |                                            |                          | 20. AUTOPSY?                                                                      |
| MEDICA       | 21A, ACCIDI<br>HOMICIDE                                           | ENT, SUICIDE,<br>(Specify)                                                                                   |                                                      | E OF INJURY (e. g., i<br>m, factory, street, office bldg., |                                            | If in Baltimore City, g  | ive exact location)                                                               |
|              | 21D. TIME<br>INJURY                                               | (Month) (Day) (Yea                                                                                           | WH                                                   | IE. INJURY OCCURR  NOT WHILE NORK AT WORK                  |                                            |                          |                                                                                   |
|              | 22. I hereb<br>deceased g                                         |                                                                                                              | wholl                                                | M. D. C                                                    | AUTAN MAN                                  | 10/40m/0                 | , that I last saw the e date stated above.  23c. DATE SIGNED                      |
| D            | ATE RECEIVE                                                       | D BY // REGISTRA                                                                                             | 50                                                   | Oodlann                                                    | 25. FUNERAL DIRECTOR                       | odleun n<br>odleun n     | ADDRESS                                                                           |
|              | VS 150                                                            | Jan                                                                      | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )              | 541                                                        | 500 1 8 2                                  |                          | 742                                                                               |

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| 16        | 50 6464                                                                                                                 | MER'TT<br>BALTIMORE CITY HE                                                         |                                 | × 50                        | 6464                                           |
|-----------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|-----------------------------|------------------------------------------------|
| ВІ        | RTH NO.                                                                                                                 | CERTIFICATE                                                                         | E OF DEATH                      | Registered No.              |                                                |
|           | NAME OF DECEASED                                                                                                        | 6 Merit                                                                             |                                 | 2. DATE OF DEATH            | 24-1950                                        |
|           | PLACE OF DEATH: Baltimore City, Maryland 26/                                                                            | 16 Maryland av                                                                      | 4. USUAL RESIDENCE (W           |                             | titution; residence<br>before admission)       |
| H         | FULL NAME OF (If not in hospital or STITUTION                                                                           | institution give street address or<br>location)                                     | c. COST OR TOWN (If             | outside corporate limits, v | vrite RURAL and give<br>township)              |
| c.        | Length of stay in Baltimore                                                                                             | Yrs.                                                                                | D. STREET ADDRESS (If I         | rural, give location)       |                                                |
| 5.        | SEX 6. COLOR OF RACE 7.                                                                                                 | CINGLE, MARRIED,<br>WIDOWED, DIVORCED (Specify)                                     | 8. DATE OF BIRTH<br>Aug 19-1891 |                             | er l Year<br>Hours Min.                        |
| worl      | A. USUA OCCUPATION (Give kind of done during most of working life, even if retired)                                     | B. KIND OF BUSINESS OR INDUSTRY                                                     | Tanbare                         | reign country)   12         | WHAT COUNTRY?                                  |
|           | FATHER'S NAME OF A                                                                                                      | rit                                                                                 | Harriett                        | 6 orley                     |                                                |
| (Ye       | . WAS DECEASED EVER IN 0. S. ARMED EO<br>(If yes, give war or dates of m                                                | RCES? 16. SOCIAL<br>SECURITY NO.<br>359-09-3390                                     | TINFORMANT CLAR                 | Misit 261                   | Marylander                                     |
|           | DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the | PECTLY (A) (A) (A) he disease,                                                      | mud Dend                        | Mermon.                     | INTERVAL BETWEEN ONSET AND DEATH               |
| z         | injury or complication which cause                                                                                      |                                                                                     | maria men                       | th c                        | 12-15 mo                                       |
| CATIO     | DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST.                                 | TING THE DUE TO MET                                                                 | stesi & lung                    | out live                    |                                                |
| ERTIFIC   | OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT                                                             |                                                                                     |                                 |                             |                                                |
| U         | TO THE DISEASE OR CONDITION CA                                                                                          |                                                                                     | ATION                           |                             | 20. AUTOPSY?                                   |
| EDICAL    | 21A. ACCIDENT, SUICIDE.   2                                                                                             | NATIONAL OF INTURY (                                                                | or 21c. WHERE DID (I            | S in Delainer City          | YES NO                                         |
|           |                                                                                                                         | 21B. PLACE OF INJURY (e. g., in<br>out home, farm, factory, street, office bldg., e | injury occur?                   | f in Baltimore City, give   | exact location)                                |
| Σ         | 21D. TIME (Month) (Day) (Year) (Ho                                                                                      | ur) 21E. INJURY OCCURRE                                                             | ED 21F. HOW DID INJURY          | OCCUR?                      |                                                |
|           | 22. I hereby certify that I attend                                                                                      | m.   work   rwork                                                                   |                                 |                             | hat I last saw the                             |
| NA<br>NA  | deceased alive on the 19                                                                                                | MM                                                                                  | 3B. ADDRESS                     | Causes and on the           | date stated above.  23c. DATE SIGNED  7-24-50. |
| 24<br>TIC | A. BURIAL, GREMA: 24B. DATE N. REMOVAL (Specify)                                                                        | 24c, NAME OF CEMETER                                                                | RY OR CREMATORY 200,400         | CATION (City town, or       |                                                |
| D/<br>LC  | ATE RECEIVED BY REGISTRAR'S SI                                                                                          | IGNATURE                                                                            | 25. FUNERAL DIRECTOR            | A A                         | DDRESS/ / A                                    |
| 1         | UL 24 1950                                                                                                              |                                                                                     | 1 strang                        | 0/2-12249                   | exertes of                                     |
|           | VS 150                                                                                                                  | Jon / Yourasile, My                                                                 | 6 F                             | OIL FIRE TO                 | 450                                            |
|           | i mo 6                                                                                                                  | 770                                                                                 |                                 |                             | 120                                            |



DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or

(C) ....

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, ferm, factory, street, office hidg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) WHILE ATT NOT WHILE

1950 to 7-23 - , 1950 that I last saw the 22. I hereby certify that I attended the deceased from 7-12-Am., from the causes and on the date stated above. deceased alive on\_ 195 Q, and that death occurred at 6

244 BURIAL CREMA-TION REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY

may said to have small war a

24D. LOCATION (City, town, or county)

Kurial DATE RECEIVED BY REGISTRAR'S SIGNATURE

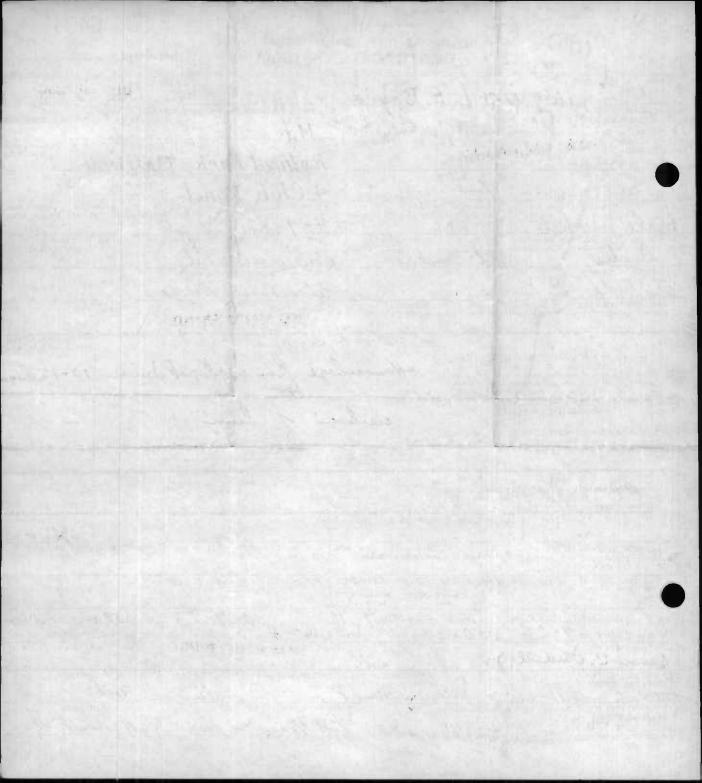
25. FUNERAL DIRECTOR

VS 150

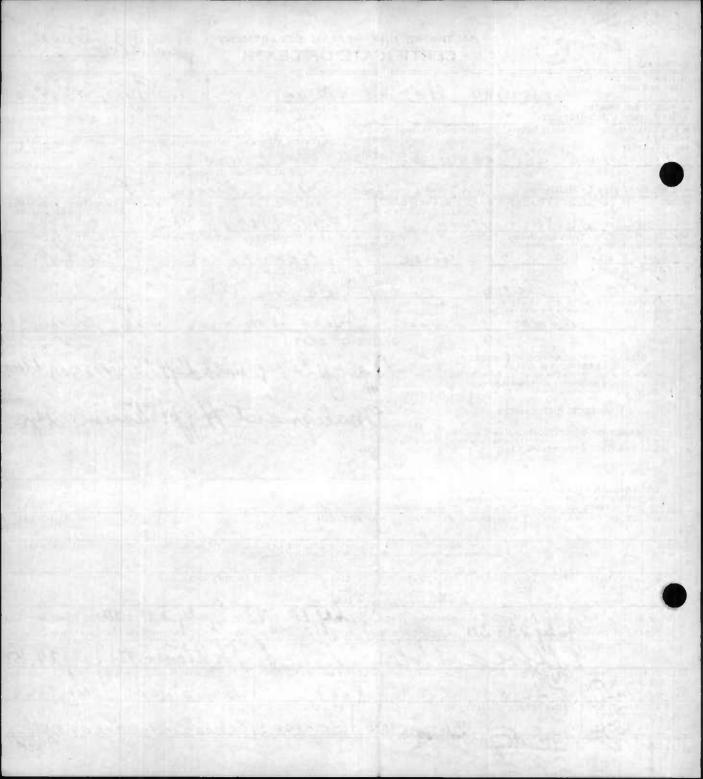
ERTIFICATION

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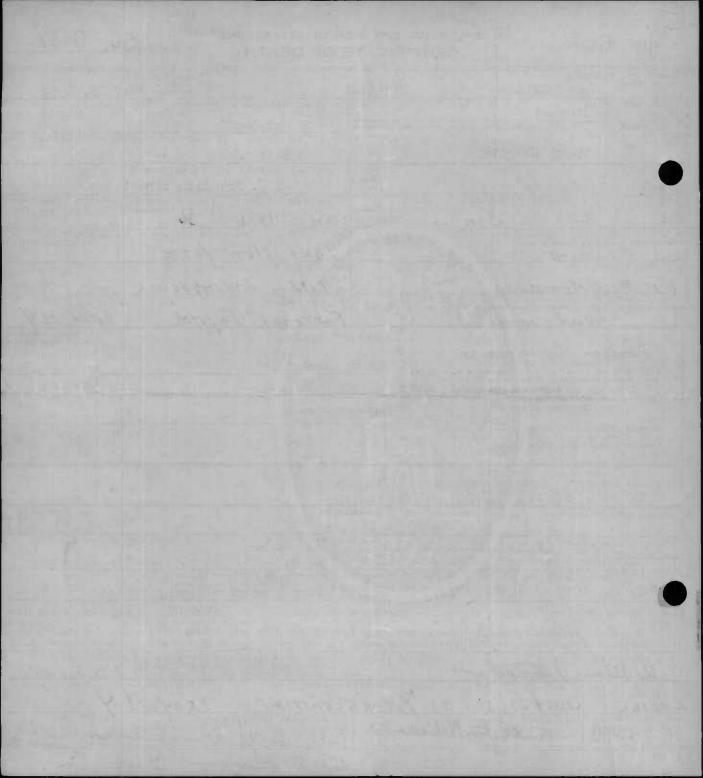
EDICAL



| 1         | 025                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7.00                                                                                                                             |               |
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|           | 50 6466                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EALTH DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 50 6466                                                                                                                          |               |
| В         | BIRTH NO.                                                                                                                                                                                                                                                                    | CERTIFICATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Registered No.                                                                                                                   |               |
|           | NAME OF DECEASED Type or Print)                                                                                                                                                                                                                                              | HAZEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Morrison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. DATE OF July 23. 193                                                                                                          | -0            |
|           | . PLACE OF DEATH:<br>. Baltimore City, Maryland                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | There deceased lived, If institution: resider B. COUNTY before adm                                                               |               |
| Н         | IOSPITAL OR                                                                                                                                                                                                                                                                  | itution, give street address or<br>location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C. CITY OR TOWN (If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | outside corporate limits, write RURAL an                                                                                         | daine         |
| 11        | NSTITUTION 446 S. FURR                                                                                                                                                                                                                                                       | ow St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BALT INON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  | nship)        |
| 1         |                                                                                                                                                                                                                                                                              | Yrs.<br>Mos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D. STREET ADDRESS (If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | rural, give location)                                                                                                            |               |
| _         | . Length of stay in Baltimore                                                                                                                                                                                                                                                | 5 YRS Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RROW ST.                                                                                                                         |               |
| 5         | SEX 6. COLOR OR RACE 7. SIN                                                                                                                                                                                                                                                  | GLE, MARRIED,<br>OWED, DIVORCED (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8. DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9. AGE (In years   M Under   Year   If Under   last birthday)   Months   Days   Hours                                            | Min.          |
| /         |                                                                                                                                                                                                                                                                              | ARRIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SEPT: 14,1897                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 52                                                                                                                               |               |
| 10<br>wor | OA. USUAL OCCUPATION (Give kind of the kind of the kind of the kind of working life, even if retired)                                                                                                                                                                        | IND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11. BIRTHPLACE (State or fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | reign country)   12. CITIZEN OF WHAT COU                                                                                         | JTRY'         |
| _         | HOUSEWIFE                                                                                                                                                                                                                                                                    | HOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MARULAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | d 4.5.A                                                                                                                          |               |
| 13        | 3. FATHER'S NAME                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14. MOTHER'S MAIDEN NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AME .                                                                                                                            |               |
|           | HRANK TOMS                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | JENNIE 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                  |               |
| 11<br>(Y) | 5. WAS DECEASED EVER IN U.S. ARMED FORCES os, no or unknown) (If yes, give war or dates of service                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17. INFORMANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ADDRESS                                                                                                                          |               |
| ,         | NO NONE                                                                                                                                                                                                                                                                      | NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | John H. MORRIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | oh 4465 HURROW                                                                                                                   | 54            |
|           | 18. 23 4                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INTERVAL BET                                                                                                                     | WEEN          |
|           | DISEASE OR CONDITION DIRECT                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | O. BEALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ONSET AND                                                                                                                        | DEATH         |
|           | LEADING TO DEATH (This does not mean the mode of dying,                                                                                                                                                                                                                      | // //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of level, wit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Left HEMIPAECIAL                                                                                                                 | 2HR           |
|           | heart failure, asthenia, etc. It means the di                                                                                                                                                                                                                                | sease.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CON- 11.7.2.111.2.E.G.1.1.                                                                                                       |               |
|           | injury or complication which caused de                                                                                                                                                                                                                                       | eath.) DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 0 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11 -                                                                                                                             |               |
| 7         | ANTECEDENT CAUSES                                                                                                                                                                                                                                                            | m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | alian aut &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | +4 pertension, 24                                                                                                                | urc           |
| NO        | DISEASES OR CONDITIONS, IF ANY, G                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  | 42.           |
| AT        | RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.                                                                                                                                                                                                               | THE DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 00                                                                                                                               |               |
| <u>U</u>  |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |               |
| 는         | II                                                                                                                                                                                                                                                                           | (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |               |
| 田田        | OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |               |
| Ü         | TO THE DISEASE OR CONDITION CAUSIN                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  | •••••         |
| _         | 19A. DATE OF OPERATION   19B. MAJ                                                                                                                                                                                                                                            | OR FINDINGS OF OPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 20. AUTOP:                                                                                                                       |               |
| S         | 21a. ACCIDENT, SUICIDE. 21B.                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES N                                                                                                                            | 5Y?           |
| EDICA     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Late waters are //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4 1 D 1/1 OH 1 1 1 1                                                                                                             |               |
| Σ         |                                                                                                                                                                                                                                                                              | PLACE OF INJURY (e. g., ir<br>me,farm,factory,street,office bldg.,e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | or 21c, WHERE DID (Industrial Injury occur?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | f in Baltimore City, give exact location                                                                                         |               |
| -         | HOMICIDE (Specify) about ho                                                                                                                                                                                                                                                  | me, farm, factory, street, office bldg., e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tc.) INJURY OCCUR?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  |               |
|           |                                                                                                                                                                                                                                                                              | me,farm,factory,street,officebldg.,e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tc.) INJURY OCCUR?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  |               |
|           | HOMICIDE (Specify)   about ho                                                                                                                                                                                                                                                | me, farm, factory, street, office bidg., e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ED 21F, HOW DID INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |               |
|           | HOMICIDE (Specify) shouthon  21D. TIME (Month) (Day) (Year) (Hour)  FINJURY  m  22. I hereby certify that I attended to                                                                                                                                                      | while at NORK AT WARK  he deceased from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 21F, HOW DID INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | occur?                                                                                                                           | w the         |
|           | HOMICIDE (Specify) about ho  21D. TIME (Month) (Day) (Year) (Hour)  1NJURY  m  22. I hereby certify that I attended to deceased alive on 144, 23, 1950                                                                                                                       | 21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WARK he deceased from and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 21F. HOW DID INJURY  21F. HOW DID INJURY  10, 1948 to  refut 7:301 m., from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | occur?  23, 19 So hat I last sa he causes and on the date stated a                                                               | o w the bove. |
|           | HOMICIDE (Specify) shouthon  21D. TIME (Month) (Day) (Year) (Hour)  FINJURY  m  22. I hereby certify that I attended to                                                                                                                                                      | 21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WARK he deceased from and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 21F, HOW DID INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | occur?                                                                                                                           | o w the bove. |
|           | HOMICIDE (Specify) about ho  21D. TIME (Month) (Day) (Year) (Hour)  1NJURY  m  22. I hereby certify that I attended to deceased alive on 144, 23, 1950  23A. SIGNATURE                                                                                                       | me, farm, factory, street, office bldge  21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WARK  he deceased from and that death occur  length D. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 21F. HOW DID INJURY  21F. HOW DID INJURY  10, 1948 to  redut 7:301 m., from 6  38. ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lon St. 1950 Page 1 Last sa                                                                                                      | w the         |
|           | HOMICIDE (Specify) about ho  21D. TIME (Month) (Day) (Year) (Hour)  1NJURY  m  22. I hereby certify that I attended to deceased alive on 144, 23, 1950                                                                                                                       | Re, farm, factory, street, office bldge  2 1E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WARK he deceased from and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 21F. HOW DID INJURY  21F. HOW DID INJURY  10, 1948 to  redut 7:301 m., from 6  38. ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lon St. 1950 Page 1 Last sa                                                                                                      | o w the bove. |
| TI        | AA. BURIAL, CREMA-ON, REMOVAL (Specify)  Bouthon  21D. TIME (Month) (Day) (Year) (Hour)  m  22. I hereby certify that I attended to deceased alive on 23, 1950  23A. SIGNATURE  4A. BURIAL, CREMA-ON, REMOVAL (Specify)  7-26-50                                             | while AT NOT WHILE AT WARK A WARK And that death occur and the things are the things and the things are the things and the things are the thi | 21F. HOW DID INJURY  22F. HOW  | Lon St. 1950 Page 1 Last sa                                                                                                      | w the         |
| TI        | HOMICIDE (Specify) about ho  21D. TIME (Month) (Day) (Year) (Hour)  FINJURY  m  22. I hereby certify that I attended to deceased alive on 23, 1950  23A. SIGNATURE  4A. BURIAL, CREMA- 24B. DATE  ON REMOVAL (Specify)                                                       | while AT NOT WHILE AT WARK A WARK And that death occur and the things are the things and the things are the things and the things are the thi | 21F. HOW DID INJURY  21F. HOW DID INJURY  10, 1948 to  redut 7:301 m., from 6  38. ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | coccur?  Left 23, 19 So that I last sa the causes and on the date stated a BC. DATE SICOCATION (City, town, of founty) (Society) | w the         |
| TI        | HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year) (Hour)  1NJURY  m  22. I hereby certify that I attended to deceased alive on LAY 23, 1950  23A. SIGNATURE  4A. BURIAL, CREMA-ON, REMOVAL (Specify)  104 104 105 105 105 105 105 105 105 105 105 105                       | while AT NOT WHILE AT WARK A WARK And that death occur and the things are the things and the things are the things and the things are the thi | 21F. HOW DID INJURY  22F. HOW  | coccur?  Left 23, 19 So that I last sa the causes and on the date stated a BC. DATE SICOCATION (City, town, of founty) (Society) | w the         |
| TI        | HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year) (Hour)  1 INJURY  m  22. I hereby certify that I attended to deceased alive on 23, 1950  23A. SIGNATURE  4A. BURIAL, CREMA-ON, REMOVAL (Specify)  ATE RECEIVED BY OCAL REGISTRAR SIGNATURE  REGISTRAR REGISTRAR SIGNATURE | me, farm, factory, street, office bldge  2 IE. INJURY OCCURRE  WHILE AT NOT WHILE AT WARK  he deceased from  and that death occur  2  24c. NAME OF CEMETEI  ATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 21F. HOW DID INJURY  21F. HOW DID INJURY  10, 1948 to  10 | coccur?  Left 23, 19 So that I last sa the causes and on the date stated a BC. DATE SICOCATION (City, town, of founty) (Society) | w the         |
| TI        | HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year) (Hour)  1 INJURY  m  22. I hereby certify that I attended to deceased alive on 23, 1950  23A. SIGNATURE  4A. BURIAL, CREMA-ON, REMOVAL (Specify)  ATE RECEIVED BY OCAL REGISTRAR SIGNATURE  REGISTRAR REGISTRAR SIGNATURE | while AT NOT WHILE AT WARK A WARK And that death occur and the things are the things and the things are the things and the things are the thi | 21F. HOW DID INJURY  21F. HOW DID INJURY  10, 1948 to  10 | coccur?  Left 23, 19 So that I last sa the causes and on the date stated a BC. DATE SICOCATION (City, town, of founty) (Society) | w the         |

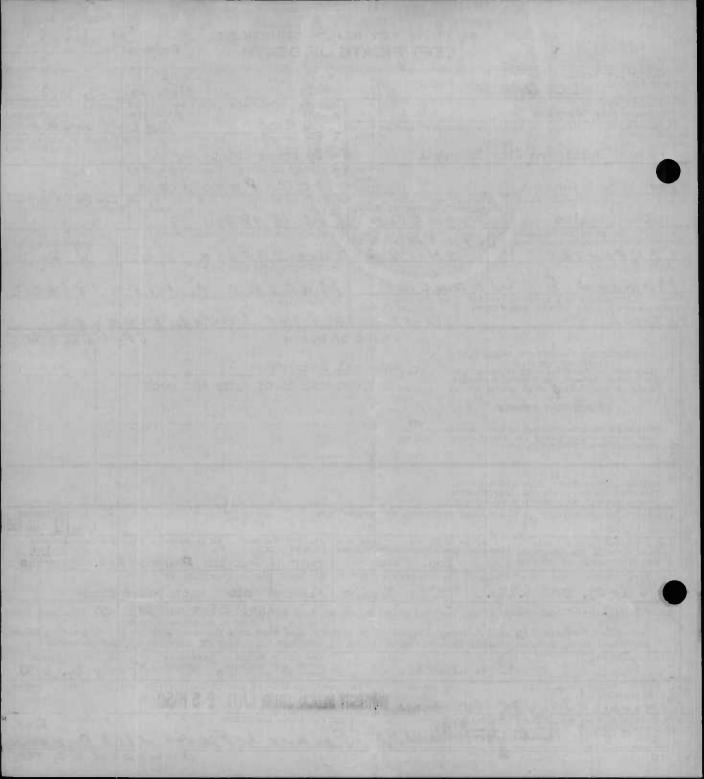


| Di        | 516                       | 6467                                                             |                                                         | TIMORE CITY HE                              | EALTH DEPARTMENT<br>E OF DEATH                                         | Registered No.                                          | 6467                             |
|-----------|---------------------------|------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------|
| _         | NAME OF D                 | ECEASED                                                          |                                                         |                                             |                                                                        | 2. DATE                                                 |                                  |
|           | ype or Print)             | WILL                                                             | IAM                                                     | CHAMBERS                                    | 5                                                                      | OF                                                      | 3, 1950                          |
|           | PLACE OF D<br>Baltimore ( |                                                                  |                                                         |                                             | 4. USUAL RESIDENCE (W                                                  |                                                         |                                  |
|           | FULL NAME                 | OF Of not in hospit                                              | al or instituti                                         | on, give street address or location)        | Maryland                                                               |                                                         |                                  |
|           | STITUTION                 | Mercy Hos                                                        | pital                                                   | TO COLOTY                                   | c. CITY OR TOWN (If Baltimore                                          | outside corporate limits, w                             | rite RURAL and give<br>township) |
|           | 0 41 6                    | 4'- D-11'                                                        |                                                         | Yrs.<br>Mos.                                | D. STREET ADDRESS (If I                                                |                                                         |                                  |
|           | SEX                       | tay in Baltimore                                                 | 7. SINGLE                                               | Days Days                                   | 8. DATE OF BIRTH                                                       | klin Street  9. AGE (In years   M Under                 | r 1 Year   If Under 24 Hours     |
|           | Male                      | White                                                            |                                                         | ED. DIVORCED (Specify)                      | VAN. 5 1916                                                            | 34 Month                                                |                                  |
|           | done during most o        | CUPATION (Give kind of of working life, even if retired)  TUPENT | 108. КІЙД                                               | OF BUSINESS OR INDUSTRY                     | 11. BIRTHPLACE (State or fo                                            | reign country) 12                                       | . CITIZEN OF<br>WHAT COUNTRY?    |
| 13        | . FATHER'S                |                                                                  |                                                         |                                             | 14. MOTHER'S MAIDEN N                                                  |                                                         |                                  |
|           | WM.F.                     | CHAMBE                                                           | 15                                                      |                                             | ETHEL LIVI                                                             | MISTOCK                                                 |                                  |
| 15<br>Yes | . WAS DECEASI             | ED EVER IN U. S. ARMEI<br>(If yes, give war or date              |                                                         | 16. SOCIAL<br>7 SECURITY NO.                | 17. INFORMANT                                                          | ADDI                                                    | RESS                             |
|           |                           | WORKED WAR                                                       | 2                                                       | i .                                         | FLOKEHCE FLY                                                           | Mr( ).                                                  | roy H.Y                          |
|           | 18. E 9                   | 70.21                                                            |                                                         | CAUSE                                       | OF DEATH                                                               |                                                         | ONSET AND DEATH                  |
|           |                           | SE OR CONDITION<br>LEADING TO DEA                                | TH                                                      | Acute                                       | alcoholism                                                             |                                                         |                                  |
|           | heart failt               | s not mean the mode oure, asthenia, etc. It mes                  | ns the disease                                          | e, (A)                                      | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~                                  |                                                         |                                  |
|           | injury or                 | complication which                                               |                                                         |                                             | , a                                                                    |                                                         |                                  |
|           |                           | ANTECEDENT CAU                                                   | SES                                                     | Barbi                                       | turate poisoning                                                       |                                                         |                                  |
|           | RISE TO T                 | S OR CONDITIONS, I                                               | STATING TH                                              |                                             |                                                                        |                                                         |                                  |
| A         | UNDERL                    | YING CONDITION LA                                                | AST.                                                    | (C)                                         |                                                                        | ***************************************                 |                                  |
| FIC       |                           | 11                                                               |                                                         |                                             |                                                                        |                                                         |                                  |
| 37        |                           | GIGNIFICANT COND                                                 |                                                         |                                             |                                                                        |                                                         | - 12 / 12                        |
| CE        |                           | OF OPERATION   1                                                 | Topical Section (1995) is not a risk of the self-of-the | FINDINGS OF OPER                            | ATION                                                                  |                                                         | 20. AUTOPSY?                     |
| L         | ISA. DAIL                 | or ERATION .                                                     |                                                         |                                             |                                                                        |                                                         | YES X NO                         |
| CA        | 21A. EXTERI               | NAL CAUSE WAS                                                    |                                                         | CE OF INJURY (e. g., in                     |                                                                        | in Baltimore City, give                                 | exact location)                  |
| ED        |                           | CAUSE OF DEATH.                                                  | Pu                                                      | blic building                               |                                                                        | 4 W. Franklin                                           | Street "/-                       |
| Σ         | 210. TIME                 | (Month) (Day) (Year                                              | ` '                                                     | VHILE AT   NOT WHILE                        |                                                                        |                                                         |                                  |
| L         | puly a                    | 23, 1950 12:                                                     | U5 Am.                                                  | WORK NOT WHILE                              |                                                                        | leeping tablet                                          |                                  |
|           |                           |                                                                  |                                                         | remains described of                        | Autopsy. 1                                                             | inspection or Inquiry                                   | hereon and from                  |
|           | the cv                    | idence obtained by eath in my opinion                            | said Auto<br>resulted f                                 | psy, Inspection or l<br>rom: natural causes | Inquiry, find that said design $\Box$ , accident $\Box$ , suicide      | ccased died on the $\square$ , homicide $\square$ , und | etermined .                      |
|           | WW.                       | liam Voorz                                                       | XX                                                      | M                                           | 238. CHIEF MEDICAL E<br>ASSISTANT MEDICAL E<br>.D. MEDICAL INVESTIGATE | XAMINER                                                 | v 24, 1950                       |
| 24<br>TI  | 4A. BURIAL.               | CREMA- 248. DATE<br>Specify)                                     | . 0                                                     | 24C. NAME OF CEMETE                         | RY OR CREMATORY 24D. LO                                                | OCATION (City, town, or                                 | county) (State)                  |
| 1         | BURIAN                    | , WULY 2                                                         | 7,50                                                    | ST. PETERS                                  | CEMETERY                                                               | IROY TI.Y                                               | DDDESS.                          |
| L         | ATE RECEIVE               |                                                                  | SSIGNATU                                                | Villiance, MIN                              | Ellsworth                                                              | Dunacas                                                 | 163 G                            |
| V         | S 151                     | 1-971.0                                                          | - Contract                                              | SAME SAME CHARLES AND ASSESSMENT            | 5118 Shings                                                            | m Onk                                                   | ave                              |



| 6       | 56<br>RTH N5.0                                             | 6468                                                                                                                                                              |                                                                                     |                                        | EALTH DEPARTM<br>E OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     | 50<br>ered No.                                                   | 6468                                                     |
|---------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|
|         | NAME OF I                                                  |                                                                                                                                                                   | WARNER                                                                              |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. DATE<br>OF<br>DEATH                                                                                                              | July 23                                                          | . 1950                                                   |
|         | PLACE OF I<br>Baltimore                                    | DEATH:<br>City, Maryland                                                                                                                                          |                                                                                     |                                        | 4. USUAL RESIDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                                  |                                                          |
| H       | FULL NAME<br>OSPITAL OR<br>ISTITUTION                      | OF ("f not in hosp                                                                                                                                                | ital or institution                                                                 | on, give street address or<br>location |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (If outside corpora                                                                                                                 | te limits, writ                                                  | e RURAL and giv                                          |
| 3       |                                                            | Baltimore (                                                                                                                                                       | City Hosp                                                                           |                                        | Sparrows P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                  | township                                                 |
| c.      | Length of                                                  | stay in Baltimore                                                                                                                                                 |                                                                                     | Yrs.<br>Mos.<br>Days                   | Box 316 P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | enwood Avenu                                                                                                                        | 200                                                              | 00                                                       |
|         | SEX                                                        | 6. COLOR OR RACE                                                                                                                                                  |                                                                                     | . MARRIED,<br>ED, DIVORCED (Specify    | 8. DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9. AGE (In ye last birthde                                                                                                          | ears H Under 1                                                   | Year   It Under 24 Heurs<br>Days   Hours   Min.          |
| 10      | male                                                       | white                                                                                                                                                             | of 108. KIND                                                                        | OF BUSINESS OR                         | FEB. 18, 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | te or foreign country)                                                                                                              | 112.0                                                            | ITIZEN OF                                                |
| vorh    | done during most                                           | tof working life, even if retired                                                                                                                                 | BETI                                                                                |                                        | THOMSBR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |                                                                  | WHAT COUNTRY                                             |
| 13      | FATHER'S                                                   | NAME                                                                                                                                                              | , ,                                                                                 |                                        | 14. MOTHER'S MAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EN NAME                                                                                                                             |                                                                  |                                                          |
| 15      | . WAS DECEAS                                               | SON F.                                                                                                                                                            | ED FORCES?                                                                          | 16. SOCIAL                             | MARGA<br>17. INFORMANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RET Li                                                                                                                              | < 16 L                                                           | FIDER                                                    |
|         | N KNOW                                                     |                                                                                                                                                                   | tes of service)                                                                     | SECURITY NO. 213-07-85                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DNAL W                                                                                                                              | BRN                                                              | ER                                                       |
| ICATION | (This doe<br>heart fail<br>injury of<br>DISEASE<br>RISE TO | ASÉ OR CONDITION LEADING TO DE LEADING TO DE LUTE, asthenia, etc. It me r complication which ANTECEDENT CAL ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION) | ATH of dying, e. geans the disease caused death.  JSES  IF ANY, GIVING ) STATING TH | ) DUE TO INCIS                         | al hemorrhage<br>ed wounds of a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rms and neck                                                                                                                        |                                                                  | NET AND DEATH                                            |
| RTIF    | TRIBUTIN                                                   | SIGNIFICANT CON                                                                                                                                                   | T NOT RELATE                                                                        | D                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                  |                                                          |
| CE      |                                                            | OF OPERATION                                                                                                                                                      |                                                                                     | FINDINGS OF OPER                       | RATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |                                                                  | 20. AUTOPSY?                                             |
| MEDICAL | 21D. TIME INJURY  22. I eert  the ev                       | y 23, 1950 6. ify that I took che vidence obtained by eath in my opinion                                                                                          | about home, fa                                                                      | psy, Inspection or rom: natural cause  | rear of Book rear of Book rear of Book slashed an above, held an Inspection for the state of the | x 316 Penwood NJURY OCCUR?  As with rancection and I topsy, Inspection or India deceased died diedicide [X], homicide ICAL EXAMINER | city, give en od Ave.  Zor blace  nquiry  on the day  c , undete | Point Sparrows  de ereon and from y stated above ermined |
| TIC     | REMOVAL                                                    | Specify)                                                                                                                                                          | 25, 1950                                                                            | 4c. NAME OF CEMETE                     | TY MEDICAL SCHOOL J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     | , town, or cou                                                   | inty) (State)                                            |

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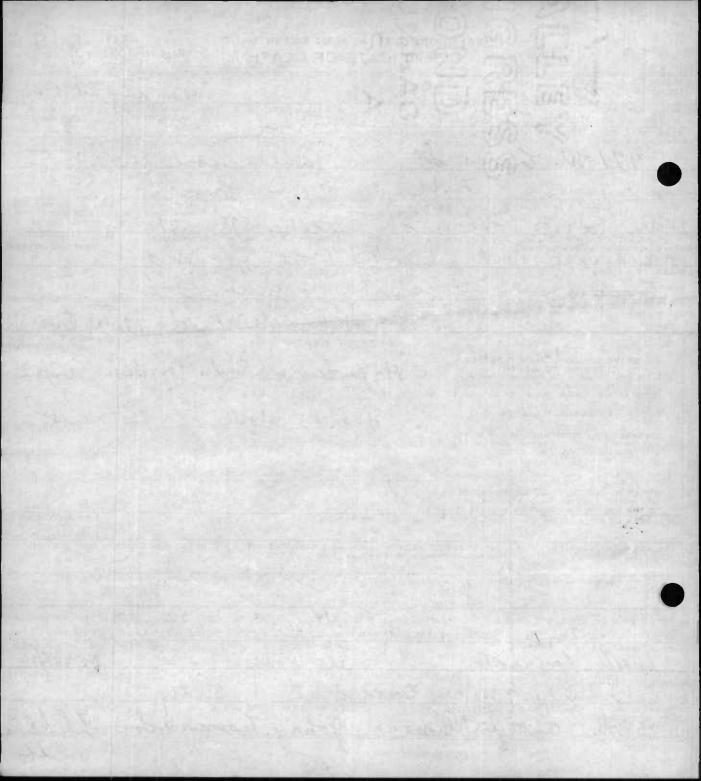


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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

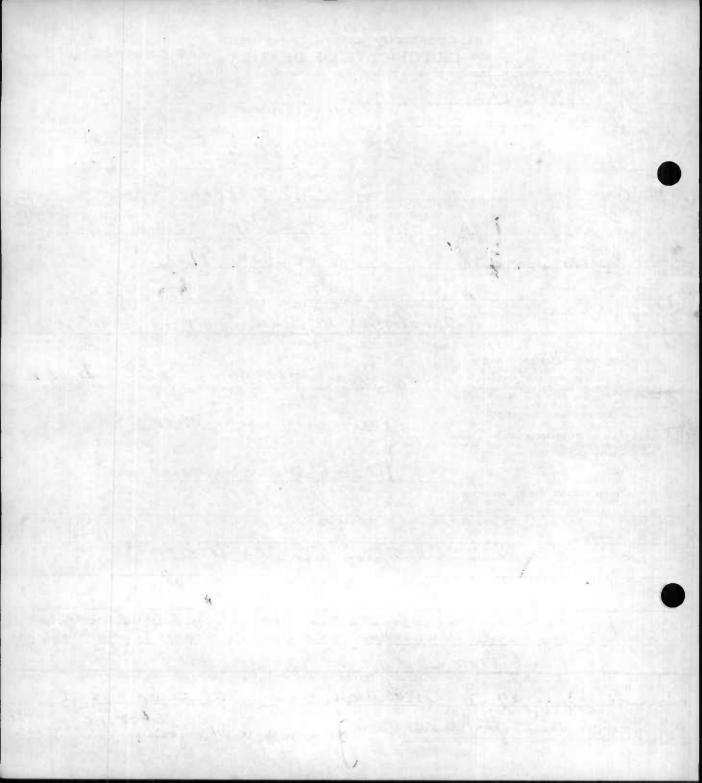
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| 18.     | 443                                   | OR CONDITION                                      | DIRECTIV             | CAUSE                                               | OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|         | ACCIDENT.                             |                                                   |                      | OF INJURY (e. g., i<br>factory,street,office bldg., |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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|         | .TIME (Mon                            | th) (Day) (Year)                                  |                      | INJURY OCCURR                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Y OCCUR? 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|              | PLACE OF E   | City, Maryland                                   | Ci+V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A. USUAL RESIDENCE (1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Where deceased lived, If ins  | titution : residence<br>before admission) |
|              | FULL NAME    | OF (If not in hospit                             | al or institution, give street address or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MAYYA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nd.                           | x                                         |
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| 5.           | SEX          | 6. COLOR OR RACE                                 | 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9. AGE (In years   Und        | er l Year   Il Under 24 Hours             |
|              | MALE         | Negro                                            | MArried                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sept. 23, 1898                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 52 may 10                     | 1                                         |
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| 13           | FATHER'S     |                                                  | WA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 14. MOTHER'S MAIDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IAME                          | 70 12.                                    |
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|              | . WAS DECEAS | ED EVER IN U. S. ARMEI                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17. INFORMANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ADD                           | RESS                                      |
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|              | 18. HU       | /3 X                                             | CAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                             | INTERVAL BETWEEN                          |
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|              | heart fail   | es not mean the mode oure, asthenia, etc. It mea | ins the disease,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , the first the same of the sa | 6.1                           | and he feeting                            |
|              | injury or    | complication which                               | caused death.) DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                           |
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| Z            | DISEASE      | ES OR CONDITIONS, 1                              | (B) H.Y.P.SV.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tensive Heart                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1)130436                      |                                           |
| Ĕ            | RISE TO      | THE ABOVE CAUSE (A)                              | STATING THE DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                           |
| S            | UNDERL       | YING CONDITION LA                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                           |
| Ĭ.           |              | 11                                               | _(C) (Ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | diAc Decom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 persation                   |                                           |
| ERTIFICATION | OTHER        | SIGNIFICANT COND                                 | ITIONS CON-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                           |
| CE           |              | IG TO THE DEATH, BUT                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                           |
|              |              |                                                  | 98. MAJOR FINDINGS OF OPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ATION /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | 20. AUTOPSY?                              |
| AL           |              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | YES NO                                    |
| EDICAL       |              | ENT, SUICIDE,                                    | 218. PLACE OF INJURY (e.g., in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If in Baltimore City, give    | exact location)                           |
|              | HOMICIDE     | (Specify)                                        | about home, farm, factory, street, office bldg.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | etc.) INJURY OCCUR?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                           |
| Σ            | D. TIME      | (Month) (Day) (Year)                             | (Hour)   21E. INJURY OCCURR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ED 21F. HOW DID INJUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Y OCCUR?                      |                                           |
|              | INJURY       |                                                  | WHILE AT NOT WHILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                           |
| 19           |              |                                                  | m.   WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 / 2 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                             |                                           |
|              | 22. I herel  | by certify that I att                            | tended the deceased from MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rch1, 1950, to 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | uly 2 30, 1950, t             | hat I last saw the                        |
| 8            |              |                                                  | , 1950, and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | red at 2.13 A.m., from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | the causes and on the         | date stated above.                        |
|              | 23A, SIGNA   | TURE                                             | 1.111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3B. ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | 23c. DATE SIGNED                          |
|              | A. BURIAL    | Selle Date                                       | 24C. NAME OF CEMETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 427 Swale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OCATION (City, town, or       | 7-24-50 county) (State)                   |
| TI           | AA. BURIAL.  | Specify)                                         | 24C. NAME OF CEMETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A CREMATORT 240. L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | (wate)                                    |
| 1            | Junia        | l. July                                          | 750 mt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a a. co.                      | nd                                        |
| L            | ATE RECEIVE  | TRAR HEGISTRAR                                   | SSIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25. FUNERAL DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 38 h                        | DDRESS                                    |
|              | 1111 25      | 1950 Munici                                      | rever / innerner / which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | James as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | dayes.                        | Tilmor                                    |
|              | VS 150       | 3 Madana                                         | The state of the s | 710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                             | 020                                       |
|              |              |                                                  | AND ASSESSMENT OF THE PARTY OF  | 169030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | 72%                                       |
|              |              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                           |



50 6474 BALTIMORE CITY HEALTH DEPARTMENT 50 6471 Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased fived, If institution: residence A. Baltimore City, (Maryland 223 (If not in hospital or institution, give street address or corporate limits, write RURAL and give HOSPITAL OR location) D. STREET ADDRESS Yrs. (If rural, give location Mos. c. Length of stay in Baltimore Days 9. AGE (In years) DOWED BIVORCED last birthday) Menths: Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10A KIND OF BUSINESS OR THPWACE (State or foreign 12. CITIZEN OF INDUSTRY work dopeduring most of working life, even if retired) WHAT COUNTRY 15. WAS DECEASED EVER IN U. S. ARVID FORCES? Yes, no or unknown) (If yes, give war or capes of service) 16. SOCIAL (Yes, no or unknowu) SECURITY NO -01-5411 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION, 198, MAJOR FINDINGS OF

21A. ACCIDENT, SUICIDE.

(Specify)

218. PLACE OF INDIRY (e.g., in or about home, farm, factory et eet, office bldg., etc.)

21E. INJURY OCCURRED

D. TIME (Month) (Day) (Year) (Hour) WHILE AT

INJURY NOT WHILE

WORK

22. I hereby certify that I attended the deceased from.

. 195 Cand that death occurred At. deceased alive on July of 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

UNERAL DIRECTOR-

24C, NAME OF CEMETERY OR CREMATORY

21F. HOW DID INJURY OCCUR?

m., from the carses and on the date stated above.

(If in Bertimore City, give exact location)

3.195 Cthat I last saw the

ADDRESS

T HAR SHOP THOUSE

2 Ic. WHERE DID

INJURY OCCUR?

HOMICIDE

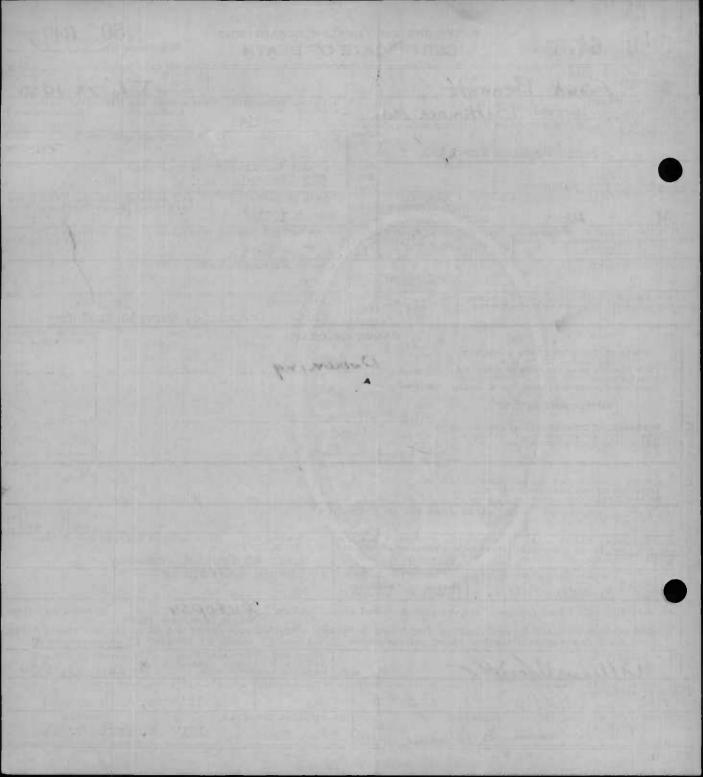
EDICAL

Buth interior (interior is me Butternelmann morne Learen La Stranker St. 2011 To start I when

| 6          | 21                                |                                                                     |                                  | HARISI                                                     | berg                          | -0                            | O AMIC                                                  |
|------------|-----------------------------------|---------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|-------------------------------|-------------------------------|---------------------------------------------------------|
|            |                                   | o there                                                             | BAL                              | TIMORE CITY H                                              |                               |                               | 6472                                                    |
| ВІ         | RTH'NO.                           | 6472                                                                |                                  | CERTIFICAT                                                 | E OF DEATH                    | Registered No.                |                                                         |
|            | NAME OF DI                        | //                                                                  | nie 1                            | House                                                      | Lerg                          | 2. DATE OF DEATH July         | 24/1950                                                 |
| A.         |                                   | ity, Maryland                                                       | 802 6                            | 33 rd St.                                                  | 4. USUAL RESIDENCE            | Where deceased lived. It ins  | titution: residence<br>before admission)                |
| HC         | SPITAL OR                         | OF (If not in hospi                                                 | tal or instituti                 | on, give street address o<br>location                      |                               | f outside corporate limits, v | mite DUDAT and give                                     |
| IN         | STITUTION                         |                                                                     |                                  |                                                            | Ba                            | Etimore (                     | 7-13 wnship)                                            |
| c.         | Length of st                      | ay in Baltimore                                                     |                                  | Tife. Yrs. Mos. Days                                       | 000 6                         | rural, give location          |                                                         |
| 56         | sex male                          | Thite                                                               | WIDOW                            | MARRIED,<br>ED DIVORCED (Specify                           | B. PATE OF BIRTH "Lec 18/1858 |                               | er l Year   Il Under 24 Hours<br>In Days   Hours   Min. |
| 10<br>work | done during most o                | CUPATION (Give kind of<br>f working life, even if retired           | 10B. KIND                        | OF BUSINESS OR INDUSTR                                     | 11. BIRTHPLACE (State or f    | oreign country)   12          | CITIZEN OF<br>WHAT COUNTRY?                             |
| 13         | FATHER'S N                        |                                                                     | mine                             | ke                                                         | 14. MOTHER'S MAIDEN N         | AME                           |                                                         |
| 15<br>(Yes | . WAS DECEASE<br>, no or unknown) | DEVER IN U. S. ARME<br>(If yes, give war or date                    | D FORCES?                        | 16. SOCIAL<br>SECURITY NO.                                 | 17 INFORMANT Chomas           | ADD<br>172683                 | 3 rd St                                                 |
|            | 18. 44                            | 2 X .                                                               |                                  | CAUSE                                                      | OF DEATH                      | 12-10-0                       | INTERVAL BETWEEN                                        |
|            | 1 /                               | E OR CONDITION                                                      |                                  | 11                                                         |                               |                               | ONSE! AND DEATH                                         |
|            | heart failu                       | not mean the mode<br>re, asthenia, etc. It me<br>complication which | of dying, e. g<br>ans the diseas | e,                                                         | vescular                      | duent.                        | years                                                   |
|            |                                   | ANTECEDENT CAU                                                      |                                  |                                                            |                               |                               |                                                         |
| CATION     | RISE TO T                         | OR CONDITIONS,                                                      | STATING TH                       |                                                            |                               |                               |                                                         |
| CA         | UNDERLY                           | ING CONDITION L                                                     | AST.                             |                                                            |                               |                               |                                                         |
| RTIFI      |                                   | 11                                                                  |                                  | (C)                                                        |                               |                               |                                                         |
| ш          | TRIBUTING                         | IGNIFICANT COND                                                     | NOT RELATE                       | .D                                                         |                               |                               |                                                         |
| U          |                                   | F OPERATION                                                         |                                  | FINDINGS OF OPE                                            | RATION                        |                               | 20. AUTOPSY?                                            |
| AL         |                                   |                                                                     |                                  |                                                            |                               |                               | YES NO                                                  |
| EDICAL     | HOMICIDE                          | NT. SUICIDE,<br>(Specify)                                           |                                  | CE OF INJURY (e. g.,<br>arm, factory, street, office bldg. |                               | If in Baltimore City, give    | e exact location)                                       |
| Σ          | 210. TIME (                       | Month) (Day) (Year                                                  | (Hour)                           | 21E. INJURY OCCURE                                         | RED 21F. HOW DID INJUR        | Y OCCUR?                      |                                                         |
|            | INJURY                            |                                                                     | m.                               | WORK NOT WHILE                                             |                               |                               |                                                         |
|            | 22. I hereby                      | y certify that I at                                                 | tended the                       | deceased from                                              | by, / , 1954, to              | July 24, 19 50, 1             | hat I last saw the                                      |
|            | deceased al                       |                                                                     |                                  | and that death occu                                        |                               | he causes and on the          |                                                         |
|            | 234 SIGNAT                        | URE LI                                                              |                                  |                                                            | 476 S. Path                   | Pop 1                         | 23c. DATE SIGNED                                        |
|            | A. BURIAL. C                      |                                                                     | 1/ 2                             | M. D. I                                                    |                               | OCATION (City, town, or       |                                                         |
| //         | Jurial S                          | July 26                                                             | /1950                            | Loudon                                                     | Jark 6                        | Dattimore                     | Mid.                                                    |
|            | TE RECEIVE                        |                                                                     | S SIGNATU                        | RE                                                         | 25 FUNERAL DIRECTOR           | 1.1 6.24                      | DDRESS                                                  |
|            |                                   | 1                                                                   | - T / / 1                        | 11 11 000                                                  |                               |                               |                                                         |
|            | HH 251                            | 950 Tunto                                                           | ton IVA                          | hames, M. B.                                               | Manue Joseph                  | V 1600 H. 0 for               | moune                                                   |

A Leppy Patterson De are

| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 30<br>50                                                                                                | 6473                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                         | LTH DEPARTME                                                                    | ENT                          | Registere                          | 50<br>d No.— | 64             | 173                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|---------------------------------------------------------------------------------|------------------------------|------------------------------------|--------------|----------------|---------------------------------|
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME OF E                                                                                               |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                      |                                         |                                                                                 |                              | 2. DATE<br>OF                      |              |                |                                 |
| 3.<br>A.<br>B. HO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PLACE OF E                                                                                              | OEATH:<br>City, Maryland<br>OF ('f not in hospit                                                                                                                                                                                                                           | al or institut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | dress or                                | 4. USUAL RESIDENC<br>A. STATE<br>Nova Scotia<br>C. CITY OR TOWN                 |                              | DEATH JU                           | 50           | befor          | e admission)  AL and give       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | Johns Hopki                                                                                                                                                                                                                                                                | ns Hosp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pital                  |                                         | Sidney                                                                          |                              |                                    |              |                | township)                       |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Length of                                                                                               | stay in Baltimore                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Yrs.<br>Mos.<br>Davs                    | 562 Victoria                                                                    |                              |                                    | )            |                |                                 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) married                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                         | about 1911                                                                      | \$                           | 9. AGE (In years<br>last birthday) |              |                | if Under 24 Hours<br>Hours Min. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10A. USUAL OCCUPATION (Give kind of orking most of working life, even if retired)  Atlantic, Agency. Lt |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                         | 1. BIRTHPLACE (State<br>Nova Scoti                                              |                              | eign country)                      |              | ITIZE<br>/HAT  | N OF<br>COUNTRY?                |
| 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FATHER'S                                                                                                | NAME                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 1                                       | 4. MOTHER'S MAIDE                                                               | EN NAM                       | 1E                                 |              |                |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ?                                                                                                       |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                         | ?                                                                               |                              |                                    |              |                |                                 |
| 15.<br>(Yes,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | no or unknown)                                                                                          | ED EVER IN U. S. ARMED<br>(If yes, give war or date                                                                                                                                                                                                                        | FORCES?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 16. SOCIAL<br>SECURITY | NO. 1                                   | 17. INFORMANT ADDRESS British Consulate, Garrett Building                       |                              |                                    |              |                |                                 |
| ERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (This doe heart fail injury or DISEASE RISE TO UNDERL                                                   | SE OR CONDITION LEADING TO DEA's not mean the mode of ure, asthenia, etc. It means to the mode of complication which of antecedent Causes of Conditions, in the above cause (A). YING CONDITION LA SIGNIFICANT CONDITION TO THE OBATH, BUT TO THE OBATH, BUT TO THE OBATH. | TH of dying, e. 1 of dying, e. 1 of dying, e. 1 of dying, e. 1 of disease aused death of the death of the dying of the dyi | (B)                    | ••••••••••••••••••••••••••••••••••••••• | wning                                                                           |                              |                                    |              |                |                                 |
| ο                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FINDINGS OF            | OPERAT                                  | TON                                                                             |                              |                                    |              | 1              | UTOPSY?                         |
| 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB.  UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., of the contribution of the contri |                                                                                                         |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                         | Water at                                                                        | foot                         |                                    | y, give ex   | act lo         | eation)                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 22. I certs                                                                                             | ify that I took char<br>vidence obtained by<br>eath in my opinion                                                                                                                                                                                                          | ge of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | remains descr          | ribed abo<br>on or Inc<br>causes        | Auto quiry, find that sar  ¬, accident □, sui  238. CHIEF MEDIO ASSISTANT MEDIO | id dece<br>icide [<br>CAL EX | AMINER                             | the day      | y sta<br>ermin | ed A.                           |
| TLO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A. BURIAL.<br>N. REMOVAL (                                                                              |                                                                                                                                                                                                                                                                            | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 24c. NAME of C         |                                         |                                                                                 | 40. LOC                      | CATION (City, to<br>ltimore,       | wn, or cou   |                | (State)                         |
| DA<br>LO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TE RECEIVE                                                                                              | ED BY   REGISTRAR                                                                                                                                                                                                                                                          | s signatu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                         | 5. FUNERAL DIRECT                                                               | TOR                          | 1217 St.                           | ADD          | RESS           |                                 |
| VS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5 151                                                                                                   | -990 X                                                                                                                                                                                                                                                                     | - The state of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | it - with me the       | 67                                      | 355-0                                                                           | )                            |                                    | 18           | 3              |                                 |



50 6474

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

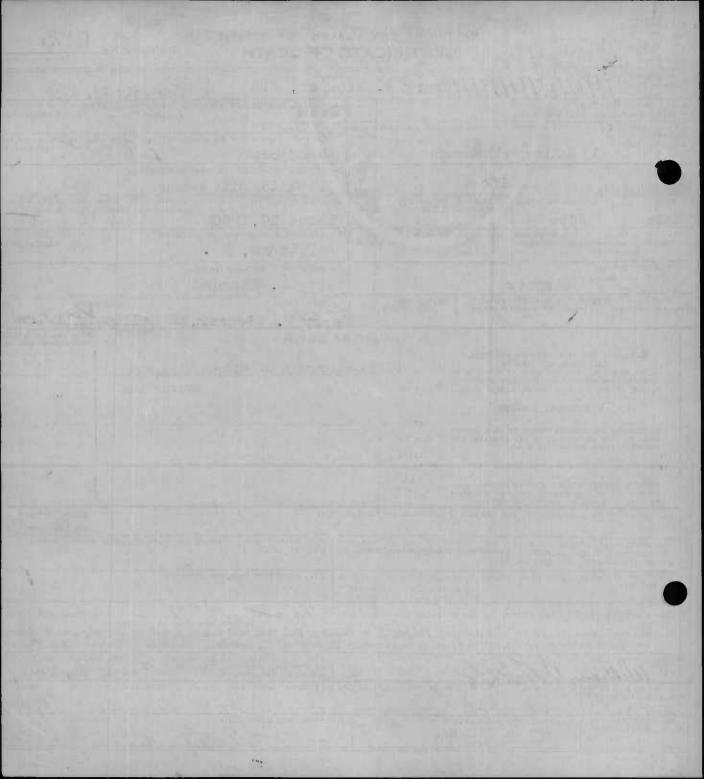
Registered No. 6474

| BIRTH N                   | 10.                         | 04/4                                                                    |                                          | CERTIFICAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | E OF DEATH                     | Registeret                          | 1 10                                           |
|---------------------------|-----------------------------|-------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|------------------------------------------------|
| 1. NAME<br>(Type or )     | OF DEC                      | Arthur                                                                  | P.Hoffma                                 | in,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | 2. DATE<br>OF<br>DEATH Ju           | ly 22 1950                                     |
| A. Baltin                 | of DEA<br>nore City         | y, Maryland                                                             |                                          | laski Highway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4. USUAL RESIDENCE<br>A. STATE | (Where deceased lived,<br>B. COUNTY | If institution: residence<br>before admission) |
| HOSPITA                   | L OR                        |                                                                         |                                          | location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | c. CITY OR TOWN                | 26-4                                | mits, write RURAL and give township)           |
| c. Lengt                  | th of stay                  | v in Baltimore                                                          | 4                                        | Yrs. Mos. Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3639 Pulaski                   |                                     |                                                |
| S. SEX                    |                             | White                                                                   | WIDOW                                    | E. MARRIED,<br>VED, DIVORCED (Specify)<br><b>ried</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | April 14 1903                  | 9. AGE (In years last birthday)     | Months Days Hours Min.                         |
|                           | ing most of wo              | PATION (Give kied<br>orking life, even if retire<br>Lir                 |                                          | OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Chicago Ill.                   | r foreign country)                  | 12. CITIZEN OF WHAT COUNTRY?                   |
| 3. FATH                   | ER'S NAM                    | 1E                                                                      |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14. MOTHER'S MAIDEN            | NAME                                |                                                |
| Char                      | rles                        | Hoffman                                                                 |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Anita Doyl                     | •                                   |                                                |
| 15. WAS [<br>Yes, no or u | DECEASED                    | EVER IN U.S. ARM<br>(If you, give war or do                             | ED FORCES?                               | 16. SOCIAL<br>SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 17. INFORMANT                  | 14 2000 D                           | ADDRESS                                        |
| Lie                       | . /                         |                                                                         |                                          | CALICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Rose M. Di La                  | BIG 2023 FU.                        | INTERVAL BETWEEN                               |
| 18.                       | 420                         |                                                                         | DIRECTLY                                 | CAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF DEATH                       |                                     | DNSET AND DEATH                                |
| (T)                       | his does no<br>art failure, | OR CONDITION<br>EADING TO DE<br>ot mean the mode<br>asthenia, etc. It m | ATH<br>of dying, e. :<br>eans the diseas | se,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ay Thrombo                     | ein                                 | 36 hrs                                         |
| inj                       |                             | mplication which                                                        |                                          | n.) DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                              |                                     |                                                |
| 2                         | Ar                          | ITECEDENT CA                                                            | USES                                     | (B) Bype                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tensine lands                  | inasular                            |                                                |
| RIS                       | SE TO THE                   | R CONDITIONS ABOVE CAUSE (A                                             | A) STATING T                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | plislase                       |                                     |                                                |
| 2                         |                             |                                                                         |                                          | is La                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inentersian                    |                                     |                                                |
| I TR                      | BUTING T                    | 11<br>NIFICANT CON<br>D THE DEATH, BU                                   | T NOT RELAT                              | £D /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                     |                                                |
|                           |                             | OPERATION                                                               |                                          | FINDINGS OF OPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RATION                         |                                     | 20. AUTOPSY?                                   |
| 21A. A                    | ACCIDENT                    | , SUICIDE.                                                              | 218. PL/                                 | ACE OF INJURY (e. g.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n or   21c. WHERE DID          | (If in Baltimore Cit;               | y, give exact location)                        |
|                           |                             | Specify)                                                                |                                          | farm, factory, street, office bldg.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                     |                                                |
|                           | TIME (Mo                    | onth) (Day) (Yes                                                        | r) (Hour)                                | 21E. INJURY OCCURR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ED 21F. HOW DID INJU           | RY OCCUR?                           |                                                |
|                           | 450K1                       |                                                                         | m.                                       | WHILE AT NOT WHILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | 1                                   |                                                |
| 22. ]                     | hereby c                    | ertify that I a                                                         | ttended the                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ly 20, 1957, to                |                                     |                                                |
|                           | ased alive                  |                                                                         | 1 , 19 60 ,                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rred at 1:30 pm., from         | i the causes and on                 |                                                |
| 23A.                      | SIGNATUI                    | RE                                                                      | Costa                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 238. ADDRESS Conbling          | St                                  | 7-27-50                                        |
| 24A. BU<br>TION REM       | RIAL, CRE                   | ifuil                                                                   | 22 1950                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RY DR CREMATORY 24D.           | . LOCATION (City, ter               | wn, or county) (State)  Rd. Balt.Md.           |
|                           | SECUSTRA<br>5 1950          |                                                                         | R'S SIGNATI                              | Williams, 16#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25. FUNERAL DIRECTOR           | 1                                   | ADDRESS High St.                               |
| VS                        | 150                         | * p. 3-8                                                                | Brand Hall                               | THE STATE OF THE PARTY OF THE P | 3 X                            |                                     | 93)                                            |
|                           |                             |                                                                         | THE PARTY                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7 7 7                          |                                     |                                                |

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|                          |                     | Manual et al. |               |
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|                          | goer of thing       |               |               |
|                          | Li byqozati         |               | match Recalls |
|                          | witte there         |               | months balted |
| Witchell Liberal Proc. w | ter id . v enus     |               |               |
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| isticate in plant of     | en training a       |               | tit. Labor.   |
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| -           | 256                                                                                       |                                                                                                                                               | RAI                                                                                    | TIMORE CITY HE                                                   | FAITH DEPART                                                  | MENT                                                 |                   | 0                  | CAPIE                                                        |          |
|-------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------|-------------------|--------------------|--------------------------------------------------------------|----------|
| BI          | RTH NO. 564                                                                               | 0502                                                                                                                                          |                                                                                        | CERTIFICAT                                                       |                                                               |                                                      | Registere         | d No.              | 6475                                                         |          |
|             | NAME OF DECE                                                                              | 7559///////                                                                                                                                   | 11/11/1                                                                                | Henry F. Wi                                                      | esner, 4th                                                    | 1 2                                                  | DATE OF DEATH Jul | v 23.              | 1950                                                         | Ī        |
| A.          | PLACE OF DEATH<br>Baltimore City,<br>FULL NAME OF                                         | Maryland                                                                                                                                      | al or institut                                                                         | ion, give street address or                                      | A. USUAL RESID                                                | ENCE (Where                                          |                   |                    |                                                              | n)       |
| H           | STITUTION                                                                                 | 3 Mallow H                                                                                                                                    |                                                                                        | location)                                                        | c. CITY OR TOWN Baltimore                                     |                                                      | side corporate li | zits, writ         | te KVRAL and give township                                   | 70<br>p) |
| 0           | Length of stay                                                                            |                                                                                                                                               |                                                                                        | Yrs.<br>Mos.<br>Days                                             | D. STREET ADDRE                                               | ESS (If rura                                         |                   |                    |                                                              |          |
| 5.          | SEX 6.C                                                                                   | OLOR OR RACE                                                                                                                                  | 7. SINGLE                                                                              |                                                                  | 8. DATE OF BIRTH                                              | Н 9.                                                 |                   | If Under 1         | Veel   It Under 24 Hours<br>Days   Hours   Min               | 1.       |
| 10          | A. USUAL OCCUP                                                                            | ATION (Give kind of                                                                                                                           | 10B, KINE                                                                              | OF BUSINESS OR INDUSTRY                                          | Baltimore                                                     | State or foreig                                      | n country)        |                    | CITIZEN OF<br>WHAT COUNTRY                                   | ۲.       |
| 13          | FATHER'S NAME                                                                             | Wiesner                                                                                                                                       | r                                                                                      |                                                                  | 14. MOTHER'S MA                                               |                                                      |                   |                    |                                                              |          |
| 15<br>(Yes  | . WAS DECEASED EV                                                                         | ER IN U. S. ARMED<br>Tyes, give war or dates                                                                                                  | FORCES?                                                                                | 16. SOCIAL<br>SECURITY NO.                                       | 17. INFORMANT                                                 |                                                      |                   | ADDRE              |                                                              | _        |
| RTIFICATION | (This does not heart failure, as injury or com  ANT  DISEASES OR RISE TO THE A UNDERLYING | DR CONDITION ADDING TO DEAT mean the mode of sthenia, etc. It mea plication which c ECEDENT CAUS CONDITIONS, II BOVE CAUSE (A) i CONDITION LA | TH of dying, e. f. f. dying, e. f. f. dying, e. f. | (E)                                                              | elastosis of                                                  |                                                      | dium and          |                    |                                                              |          |
| CER         |                                                                                           | THE DEATH, BUT<br>SE OR CONDITION<br>PERATION 19                                                                                              | CAUSING I                                                                              |                                                                  | ATION                                                         |                                                      |                   |                    | 20. AUTOPSY?                                                 |          |
| EDICAL      | 21A. EXTERNAL UNDERLYING [] UTING [] CAUS                                                 | OR CONTRIB-                                                                                                                                   | 218. PLA                                                                               | CE OF INJURY (e. g., in<br>arm, factory, street, office bldg., e | n or 21c. WHERE C                                             |                                                      | Baltimore City    |                    | ves X NO (                                                   |          |
| ME          | ZID. TIME (Mon                                                                            | th) (Day) (Year)                                                                                                                              |                                                                                        | VHILE AT NOT WHILE                                               | 21F. HOW DID                                                  | INJURY O                                             | CCUR?             |                    |                                                              |          |
|             | the eviden                                                                                | ce obtained by in my opinion                                                                                                                  | said Auto                                                                              | remains described a psy, Inspection or l rom: natural causes     | nquiry, find that  X, accident □,  238. CHIEF MI ASSISTANT MI | said decca<br>suicide □,<br>EDICAL EXA<br>EDICAL EXA | ection or Inqui   | the da<br>, undete | ereon and from  y stated above ermined   TE SIGNED  24. 1950 |          |
| 24<br>TIC   | IA. BURIAL, CREM<br>ON, REMOVAL (Specification)                                           | A- 24B. DATE                                                                                                                                  | 26/20                                                                                  | 24G, NAME OF CEMETE                                              | D. MEDICAL INV                                                |                                                      | TION (City, to    | wn, or cou         |                                                              |          |
|             | ATE RECEIVED BY                                                                           | H                                                                                                                                             | SSIGNATU                                                                               | William                                                          | 25. FUNERAL DIR                                               | ECTOR                                                | 12,410            | ADD                | ORESS AND ASSESSED                                           |          |
| v           | S 151                                                                                     |                                                                                                                                               | 6                                                                                      | THE TOTAL                                                        |                                                               |                                                      |                   | 150                | 16 000                                                       | ĺ        |

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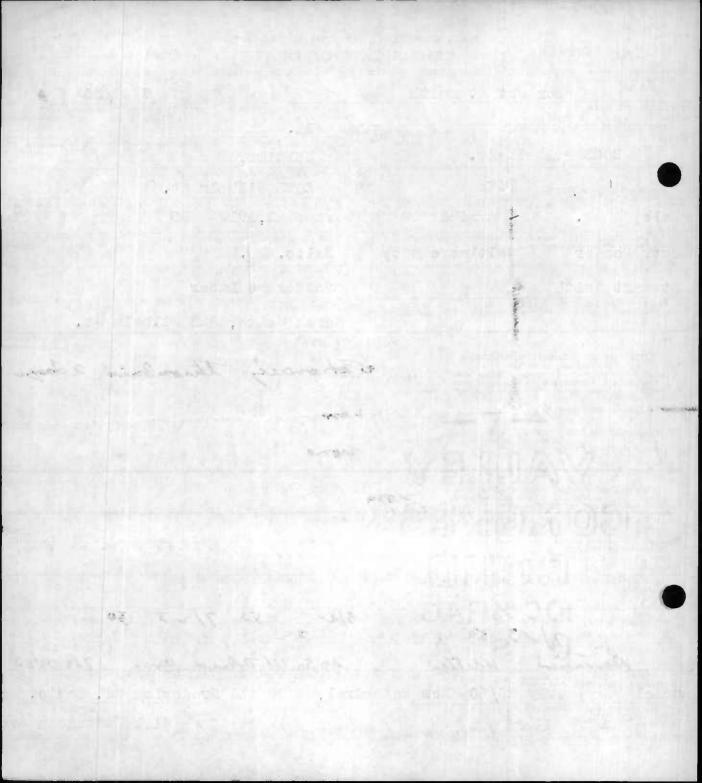
| 50 6476 CERTIFICATE                                                                                                                                                                                                                                                                                                             | E OF DEATH Registered No.                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. NAME OF DECEASED (Type or Print)  Norbert A. Smith                                                                                                                                                                                                                                                                           | 2. DATE<br>OF<br>DEATH 7/23/50                                                                           |
| 3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or                                                                                                                                                                                                     | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) |
| HOSPITAL OR location) NSTITUTION 2023 Wilhelm St.                                                                                                                                                                                                                                                                               | c. CITY OR TOWN (If outside corporate limits, write HURAL and give township)                             |
| c. Length of stay in Baltimore Life  Yrs. Mos. Days                                                                                                                                                                                                                                                                             | D. STREET ADDRESS (If rural, give location)  2023 Wilhelm St.                                            |
| 5. SEX Nale 6. COLOR OR RACE 7. SINGLE, MARRIED, MANDOWER, DIVORCED (Specify)                                                                                                                                                                                                                                                   | June 21,1910  9. AGE (1n years   fi Under 24 Hours   Months Days   Hours Min.                            |
| 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired altimore City                                                                                                                                                                                                | 11. BIRTHPLACE (State or foreign country)  Balto. Md.                                                    |
| Stewart Smith                                                                                                                                                                                                                                                                                                                   | 14. MOTHER'S MAIDEN NAME Catherine Luber                                                                 |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.                                                                                                                                                                                                            | 17. INFORMANT ADDRESS Sarah Smith, 2023 Wilhelm St.                                                      |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) | one Thronbris 2 days                                                                                     |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                 |                                                                                                          |
| 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e                                                                                                                                                                  | YES NO                                                                                                   |
| 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e                                                                                                                                                                                                                               |                                                                                                          |
| 2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK                                                                                                                                                                                                                                               | ED 21F, HOW DID INJURY OCCUR?                                                                            |
| 22. I hereby certify that I attended the deceased from 3                                                                                                                                                                                                                                                                        | red at 3 9 m., from the causes and on the date stated above.                                             |
| 23A. SIGNATURE 2                                                                                                                                                                                                                                                                                                                | 20 30 US Office and 7h4/80                                                                               |
| TION REMOVAL (Specify)                                                                                                                                                                                                                                                                                                          | ry or CREMATORY 240. LOCATION (City, town, or county) (State)                                            |

VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

ADDRESS ALOI Edmondson Ave



BALTIMORE DEPARTMENT 6477 Registered No. 54 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Elisa Desh Reineke OF DEATH 4. USUAL RESIDENCE (Where deceased lives, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street recircss or reation) B. FULL NAME OF somme HOSPITAL OR Calle (If outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF 9. AGE (In years) li Under 1 Year Months Days Hours Min. W. 75

13. FATHER'S NAME HER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dayes of service) 16. SOCIAL 17. INFORMANT - Sinker of math ADDRESS SECURITY NO Vulley CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY my ocardel.

(A) .....

DUE TO

(B) ....

DUE TO

(C)

218. PLACE OF INJURY (e.g., in or

M. D.

24c. NAME OF CEMETERY OR CREMATORY

about home, (arm, factory, street, office bldg., etc.)

INDUSTRY

108, KIND OF BUSINESS OR

injury or complication which caused death.) ANTECEDENT CAUSES

10A. USUAL OCCUPATION (Givekind of)

work done during most of working life, even if retired)

LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

RTIFICATION

EDICAL

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21E. INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hour)

INJURY WHILE AT NOT WHILE

WORK AT WORK

22. I hereby certify that I attended the deceased from\_ deceased alive on And 22, 1950, and that death occurred at 4:50 P.m., from the eauses and on the date stated above.

23A. SIGNATURE

24A. BURIAL, CREMA-24B. DATE Dunel

with 1

. day - FR manner

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

July 23 19 57 to

23a. ADDRESS

240. LOCATION (City, town, or county)

23c. DATE SIGNED

township)

H Huder 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

YES

(If in Baltimore City, give exact location)

Ful 23, 1950, that I last saw the

12. CITIZEN OF

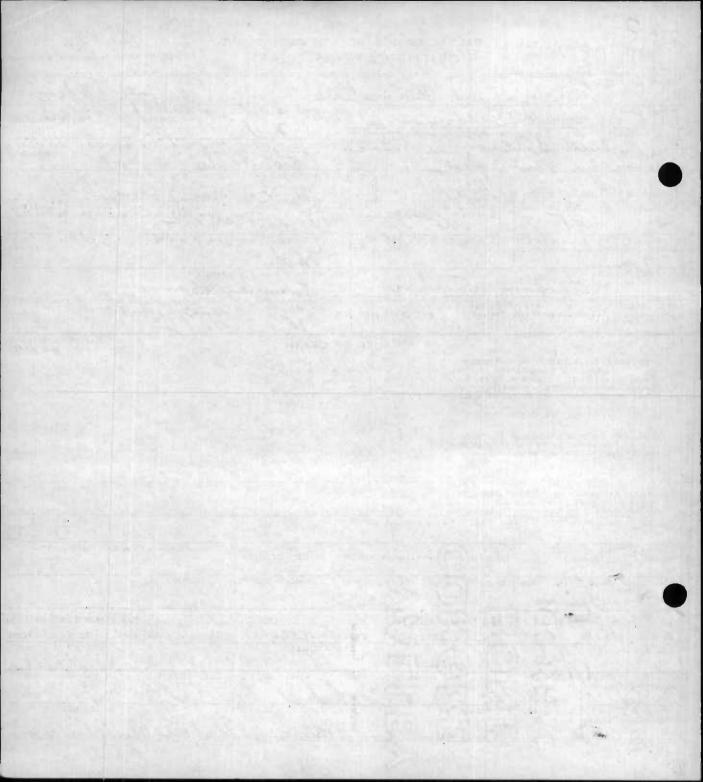
ADDRESS

21F, HOW DID INJURY OCCUR?

11. BIRTHPLACE (State or foreign country)

DATE RECEIVED BY

LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT 6478 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C CITY OR If outside corporate limits, write RURAK and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SAGLE, MARRIED, WIDOWED, DIVERCED (Specify) 6. COLOR OR RACE H Under 1 Year AGE (in years | H Under 1 Year | If Under 24 Hours | Months | Days | Hours | Min. A. USUAL OCCUPATION (Give kind of) 10B. KIND OF USINESS OR E (State or foreign country) 12 CITIZEN OF meduring mpet of working lifereven if retired) INDUSTR WHAT COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRES (Yes, no or wokobwn) (Lyes, give war or dates of service) SECURITY NO INTERVAL BET 18. 20.01 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Ourtoriosclerobis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFI (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID about bome, farm, factory, etreet, office bidg., etc.) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from Sylly, 1949 19 9 that I last saw the 19 19.50, and that death occurred at\_ A. 1 m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 239. DATE SIGNED 236, ADDRESS 162 BURIAL, CREMA-24c. NAME OF CEMETERY OF CRAMA ADDRESS DATE RECEIVED BY LOCAL REGISTRAR VS 150

Dr. Tragett 1623 & Morth are

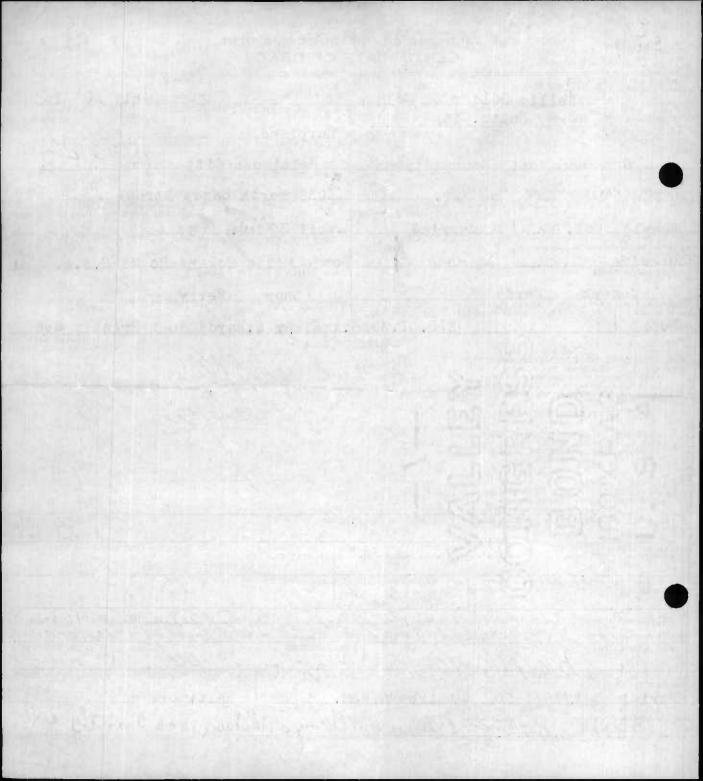
6479

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

130 PM

50 6479 Registered No.

| I. NAME OF DECEASED (Type or Print)  Nellie Golder Or Golden                                                                                                                                                                                                                                                                                                                                        | 2. DATE OF DEATH July 22 1950                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| a. Baltimore City, Maryland Balto.City                                                                                                                                                                                                                                                                                                                                                              | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) |
| B. FULL NAME OF (1f not in hospital or institution, give street address or location)                                                                                                                                                                                                                                                                                                                | Maryland  c. CITY OR TOWN (If outside corporaty limits, wegte-HURAL and give                             |
| INSTITUTION                                                                                                                                                                                                                                                                                                                                                                                         | (6 - O Lownship)                                                                                         |
| 836 North Carey Street                                                                                                                                                                                                                                                                                                                                                                              | D. STREET ADDRESS (If rural, give location)                                                              |
| c. Length of stay in Baltimore 60 Yrs. Days                                                                                                                                                                                                                                                                                                                                                         | 836 North Carey Street                                                                                   |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)                                                                                                                                                                                                                                                                                                                             | 8. DATE OF BIRTH  9. AGE (In years   ff Under   Year   Il Under 24 Hours   Months; Days   Hours; Min.    |
| Female Col. Married                                                                                                                                                                                                                                                                                                                                                                                 | April 30 1883 67                                                                                         |
| IOA. USUAL OCCUPATION (Give kind of OF BUSINESS OR OF BUSINESS OR INDUSTRY)                                                                                                                                                                                                                                                                                                                         | 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY                                     |
| lousewife At Home                                                                                                                                                                                                                                                                                                                                                                                   | Hoods Mills Howard Co Md U.S.A.                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                     | 14. MOTHER'S MAIDEN NAME                                                                                 |
| JOSEPH HARDY  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL                                                                                                                                                                                                                                                                                                                             | Lucy Berry 17. INFORMANT ADDRESS                                                                         |
| Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 215.01.3925                                                                                                                                                                                                                                                                                                                 |                                                                                                          |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED | A Paraly Cits                                                                                            |
| TO THE DISEASE OR CONDITION CAUSING IT.                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| 194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER                                                                                                                                                                                                                                                                                                                                                | ATION 20. AUTOPSY?                                                                                       |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., ir about home, farm, factory, street, office bidg., e                                                                                                                                                                                                                                                                      | INJURY OCCUR?                                                                                            |
| MHILE AT NOT WHILE AT WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                  | 7                                                                                                        |
| 22. I hereby certify that I attended the deceased from deceased alive on 2, 1957 and that death occur                                                                                                                                                                                                                                                                                               | red at 1 W m., from the causes and on the date stated above.  3B. ADDRESS 2/3 9 23C. DATE SIGNED         |
| 24A. BURIAL, CREMA- 24B. DATE P24C NAME OF CEMETE                                                                                                                                                                                                                                                                                                                                                   | RY OR CREMATORY 24D, LOCATION (City, town, or county) (State)                                            |
| Burial 7/26/1950 Mt Arburn Ce                                                                                                                                                                                                                                                                                                                                                                       | m. Baltimore Md                                                                                          |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                              | Elroy o Wilson 1000 Brantly W                                                                            |
| VS 150                                                                                                                                                                                                                                                                                                                                                                                              | 832                                                                                                      |



| 6         | ,12<br>50               | 648        | 60                        | BA                              |                              |                          | EALTH DEPAR                             |                          | Registe                               | red No.      | 6480                                         |
|-----------|-------------------------|------------|---------------------------|---------------------------------|------------------------------|--------------------------|-----------------------------------------|--------------------------|---------------------------------------|--------------|----------------------------------------------|
|           | NAME OF D               | ECEASED    | Ha:                       | TOR                             | 400                          | ERBA                     | 10.11                                   |                          | 2. DATE<br>OF                         | 23.1         | 1114 100-                                    |
|           | PLACE OF D<br>Baltimore |            |                           | D AL                            | 170                          | <u> </u>                 |                                         | DENCE (WI                | DEATH and the deceased lives B. COUN' | ved. If inst | itution: residence<br>before admission)      |
| B.<br>Ho  | FULL NAME               |            |                           | al or institu                   | tion, give stre              | et address o<br>location |                                         | VN (If o                 | LTIMO<br>outside corporate            | RE limits, w | rite RURAL and give                          |
|           | NION                    | ME.        | MORI                      | AL I                            | 405/17                       |                          | BAL                                     | TIMO                     |                                       | 27           | -38 township)                                |
| c.        | Length of s             | tay in Bal | ltimore 3                 | 0 vrs                           |                              | Yrs.<br>Mos.<br>Days     | D. STREET ADD                           | 9                        | BLEWO                                 |              | 8040                                         |
|           | SEX                     | 6.COLOR    |                           | 7. SINGL                        | E, MARRIED                   | 0,                       | 8. DATE OF BIR                          |                          | 9. AGE (In yea                        | ars H Unde   | or I Year M Under 24 Hours S Days Hours Min. |
| 10        | ALE DA. USUAL OC        | CUPATION   | (Give kind of             | MA<br>IOB. KIN                  | RRIE<br>D OF BUSIN           | D<br>NESS OR             | 11. BIRTHPLACE                          | (State or for            | eign country)                         | 12           | . CITIZEN OF                                 |
|           | done during most        | ntativ     |                           | ship                            | ping c                       | INDUSTR'                 | NOR                                     | WAY                      |                                       |              | U.S. 4                                       |
| 13        | AA G C 14               | NAME       | 4.                        |                                 | 2 4 - 11                     |                          | 14. MOTHER'S N                          |                          |                                       |              |                                              |
| 15<br>(Ye | . WAS DECEAS            | ED EVER IN |                           | FORCES?                         | 16. SOCI                     | AL<br>RITY NO.           | 17. INFORMANT                           | <i> </i>                 | 06 LA                                 |              | RESS<br>146 WOOD RD                          |
| `         | No                      |            |                           |                                 | 132-0                        | 3-2241                   |                                         | UERBAC                   | 11/2                                  | BALT         | 12 MD.                                       |
|           | 18. J                   | / X        | 1<br>NDITION              | DIRECTIN                        |                              | CAUSE                    | OF DEATH                                | 0                        |                                       |              | INTERVAL BETWEEN                             |
|           | (This does              |            | the mode of etc. It means | TH<br>f dying, e<br>ns the dise | g., (A)                      | - Lui                    | monery                                  | Cm                       | bolis                                 | 77.          | 30 min                                       |
| 7         |                         | ANTECEDI   | ENT CAUS                  | ES                              |                              |                          |                                         |                          |                                       |              |                                              |
| TIOIT     | RISE TO                 | S OR CONE  | CAUSE (A)                 | STATING '                       | ING                          |                          | *************************************** | ************************ |                                       | •••••        |                                              |
| ERTIFICA  | UNDERL                  | YING CON   | DITION LA                 | ST.                             |                              | 0                        | A                                       | 25                       | Long                                  | 1            | 7                                            |
| RTIF      | OTHER S                 | SIGNIFICAN | II<br>NT CONDI            | TIONS CO                        | (C)                          |                          | amm-a-                                  | 1                        |                                       |              |                                              |
| CE        | TO THE C                | S TO THE D | CONDITION                 | CAUSING                         | 1T                           |                          |                                         |                          |                                       |              |                                              |
| AL        | ISA. DATE O             | S 19       | 503                       | Car                             | FINDINGS                     | OF OPE                   | Stome                                   | h                        |                                       |              | YES NO                                       |
| MEDICA    | HOMICIDE                | (Specify)  |                           |                                 | ACE OF INJ                   |                          |                                         |                          | in Baltimore                          | City, give   | exact location)                              |
| Ź         | 210. TIME<br>F INJURY   | (Month) (D | ay) (Year)                | (Hour)                          | 21E. INJUR                   | Y OCCURE                 |                                         | ID INJURY                | OCCUR?                                |              |                                              |
|           | 22 7 7                  | 34         | 17. / Y //                | m.                              | WORK                         | AT WORK                  |                                         | os .                     | . 0 23                                | 10 00 4      | hat I last saw the                           |
|           | deceased a              | (1         |                           |                                 | e deceased .<br>, and that o |                          |                                         |                          |                                       |              | nat I tast saw the<br>date stated above.     |
|           | 23A. SIGNA              | TURE .     | 13                        | mil                             | 2000                         |                          | 238. ADDRESS                            | enoria                   | & Horp                                | 2            | AC. DATE SIGNED                              |
| 24<br>TIC | 4A. BURIAL.             | CREMA- 24  | B. DATE                   | 0                               | 24c. NAME                    |                          | ERY OR CREMATOR                         | Y 24D. LO                | CATION (City.                         | town, or     |                                              |
|           | Cremat                  |            | /25/50                    |                                 | Green                        | mount                    | Crematory                               |                          | imore,                                | Md.          | DDRESS                                       |
|           | CAL REGIST              | RAR        |                           | 1 1                             | Villiance                    | ME                       | HENRY SAN                               | DER &                    | sons I                                | NC.          | Thought                                      |

VS 150

SOR HOUSE IN THE £1. . . Samuel 

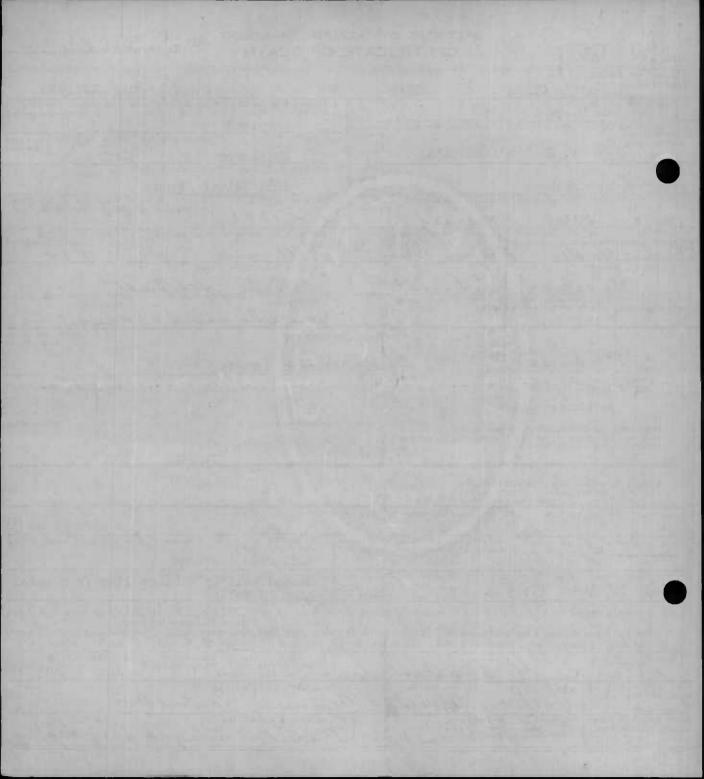
| BI         | 550<br>RTH NO 50                                                | 6481                                                                                                                                                     |                                                                                 |                                       |                      | ALTH DEPARTM                 |                | 5<br>Registered         | 0 6481                                         |
|------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|----------------------|------------------------------|----------------|-------------------------|------------------------------------------------|
| 1.         | NAME OF D                                                       | 5040                                                                                                                                                     | MON                                                                             | 1                                     | H                    | VMAN                         |                | OF TEATH                | 24-50                                          |
|            | PLACE OF D<br>Baltimore (                                       |                                                                                                                                                          | 1707                                                                            |                                       |                      | 4. USUAL RESIDEN             | CF (Where d    |                         | If institution: residence<br>before admission) |
| HC         | STITUTION                                                       | of (If not in hospit                                                                                                                                     | Helto                                                                           |                                       | ddress or location)  | c. Cyd OR TOWN               | (If outside    | e corporate/lim         | ils, write URAL and give township)             |
| C.         |                                                                 | tay in Baltimore                                                                                                                                         |                                                                                 | 50                                    | Yrs.<br>Mos.<br>Days | 3004 10                      | s (If pural, 1 | low                     | St                                             |
| 5.         | ale                                                             | White                                                                                                                                                    |                                                                                 | MARRIED.                              | (Specify)            | 8. DATE OF BIRTH             | 9. A           | of (in years storthday) | If Under   Year   If Under 24 Hours   Min.     |
| WDTK       | Herek                                                           | CUPATION (Give kind of<br>of working lift, even if retired)                                                                                              |                                                                                 |                                       | S OR<br>DUSTRA       | Pola                         | te or foreign  | country)                | 12. CITIZEN OF<br>WHAT COUNTRY?                |
| -          | not .                                                           | Knowa                                                                                                                                                    |                                                                                 |                                       |                      | not ku                       | O W            | ~                       |                                                |
| 15<br>(Yes | . WAS DECEASI                                                   | D EVER IN U.S. ARME<br>(1f yes, give war or date                                                                                                         | D FORCES?                                                                       | 16. SOCIAL<br>SECURIT                 | Y NO.                | Ch. INFORMANT HE             | huan           | , _                     | Land                                           |
| FICATION   | (This does<br>heart failu<br>injury or<br>DISEASES<br>RISE TO T | SE OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) | TH of dying, e.g. ns the disease, caused death.  SES  F ANY, GIVING STATING THE | (A)                                   | Cons<br>aron<br>Chy  | mary This                    | nhais<br>Ti    |                         | Sha                                            |
| CERTIF     | TRIBUTING                                                       | II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION                                                                                                 | NOT RELATED                                                                     |                                       | nche                 | e Tris - (Mar                | ( ( ( ) ( )    | Belatina                | 1 . 23 yrs .                                   |
| AL         | 19A. DATE C                                                     | New !                                                                                                                                                    | 9в. MAJOR                                                                       | FINDINGS O                            | F OPER               | ATION                        |                |                         | 20. AUTOPSY?                                   |
| EDICA      |                                                                 | ENT WAS UNDER-<br>R CONTRIBUTING DEATH                                                                                                                   |                                                                                 | CE OF INJUR<br>rm, factory, street, c |                      |                              |                | altimore City,          | give exact location)                           |
| Σ          | 2 ID. TIME<br>INJURY                                            | (Month) (Day (Year                                                                                                                                       | w                                                                               |                                       | OCCURRE<br>IOT WHILE |                              | OCC YAULN      | UR?                     | 2                                              |
|            | 22. I hereb<br>deceased at<br>23A. SIGNA                        |                                                                                                                                                          |                                                                                 | deceased from                         | th occur             | red at/ = m., f. BB. ADDRESS | roll the day   | ises and on             | the date stated above.                         |
| 24<br>TIO  | BURIAL. (S<br>Wrea                                              | necify) 7-25-                                                                                                                                            | 50 K                                                                            | HAN ME OF                             | 1                    | ael ael                      | 24b. LOCATI    | Tala                    | n or county) (State)                           |
| LC         | TE RECEIVE<br>CAL REGIST                                        | RAP REGISTRAR                                                                                                                                            | s signatur                                                                      | liams, M.                             | R J                  | ack Lewis                    | THE            | 2100                    | Eutow &                                        |
|            | VS 150                                                          | . 35.00                                                                                                                                                  | - water the said                                                                | THOUSE !                              | 1/2                  | 906E                         | and and        |                         | 131a                                           |

Design Education Miles

50 - 6482BALTIMORE CITY HEALTH DEPARTMENT 6482 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY. before admission) B. FULL NAME OF (If not in hespital or institution, give street address or INSTITUTION 4300 HOSPITAL OR location) (If outside corporate limits, write RURAL and give township) Yrs. D. STREET ADDRE (If rural, give location) MUS. c. Length of stay in Baltimore 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE AGE (In years | H Under | Year | If Under 24 Hours | last birthday) | Months; Days | Hours | Min. wedowed 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unkoowo) (If yes, give war or dates of service) SECURITY NO ark 18. CAUSE OF DEATH AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rheumagu Cardeo Vascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATIO RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Alyperterson - arteriorlerons TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20 ALITOPS DICA 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 1950, to Coles 24, 1950, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on July 19 19 , and that death occurred at \_m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (Oity, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 15. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 AND L. S. P. LEWIS CO.

13 to John Pa

| +-          | 520                                                                                                                                                                                                                                                                     |                        |              | BA                                                                                                  | LTIMORE CI                     | TY HE.                 | ALTH DEPARTMENT                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------|-----------------------------------------------------------------------------------------------------|--------------------------------|------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| В           | IRTH NO.                                                                                                                                                                                                                                                                | 648                    | 3            |                                                                                                     |                                |                        | OF DEATH                             | Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No. 6483                                            |
| 1.<br>(T    | NAME OF Cype or Print)                                                                                                                                                                                                                                                  | DECEASED               | CLAR         | A &                                                                                                 | , THOMA                        | S                      |                                      | 2. DATE<br>OF<br>DEATH Jul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | y 24, 1950                                          |
|             | Baltimore                                                                                                                                                                                                                                                               |                        | yland        |                                                                                                     |                                |                        | 4. USUAL RESIDENCE (WA. STATE        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | f institution : residence<br>before admission)      |
| H           | FULL NAME<br>OSPITAL OR                                                                                                                                                                                                                                                 | OF (f)                 | not in hospi | al or institut                                                                                      | tion, give street ac           | ddress or<br>location) | Maryland C. CITY OR TOWN (If         | outside corporate lim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | its write RURAL and give                            |
|             | ISTITUTION                                                                                                                                                                                                                                                              | St.                    | . Josep      | h's Hos                                                                                             | spital                         |                        | Baltimore                            | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6-0 (openship)                                      |
|             |                                                                                                                                                                                                                                                                         | D                      | 1            |                                                                                                     |                                | Yrs.<br>Mos.           | D. STREET ADDRESS (If a              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
|             | Length of s                                                                                                                                                                                                                                                             |                        | or RACE      |                                                                                                     | E. MARRIED,                    | Days                   | 4232 Seide                           | 9. AGE (In years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | If Under 1 Year   11 Under 24 Hours                 |
|             | Female                                                                                                                                                                                                                                                                  | Whit                   | te           | 1                                                                                                   | ved, DIVORCED                  | (Specify)              | Mer 4, 1891                          | last birthday) M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | lonths Days Hours Min.                              |
|             | A. USUAL OC                                                                                                                                                                                                                                                             |                        |              |                                                                                                     | OF BUSINESS                    | OUSTRY                 | 11. BIRTHPLACE (State or for         | reign country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12. CITIZEN OF<br>WHAT COUNTRY                      |
| 13          | Achine<br>B. FATHER'S                                                                                                                                                                                                                                                   | Operal<br>NAME         | n            | 6mers                                                                                               | on wru                         | 90                     | 14. MOTHER'S MAIDEN NA               | ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | USA.                                                |
|             | (                                                                                                                                                                                                                                                                       | hark                   | les F.       | Sca                                                                                                 | midt                           |                        | Minnie                               | Schmed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _                                                   |
|             | . WAS DECEAS<br>, no or unknown)                                                                                                                                                                                                                                        |                        |              |                                                                                                     | 16. SOCIAL<br>SECURIT          | Y NO.                  | John Thomas                          | es 4 × 3 ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sudel are                                           |
| RTIFICATION | DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE ON DEATH  (A) Asphyxiation by hanging  (A) Asphyxiation by hanging |                        |              |                                                                                                     |                                |                        |                                      | ONSET AND DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| CE          | 19A. DATE                                                                                                                                                                                                                                                               |                        |              | 98. MAJOR                                                                                           | FINDINGS OF                    | F OPERA                | TION                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20. AUTOPSY?                                        |
| CAL         | 214 EYTER                                                                                                                                                                                                                                                               | NAL CALIS              | FWAS         | 1 218. PL/                                                                                          | ACE OF INJURY                  | (e. g., in             | or   21c. WHERE DID (II              | f in Baltimore City,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | give exact location)                                |
| EDIC        | 21A. EXTER<br>UNDERLYIN<br>UTING []                                                                                                                                                                                                                                     |                        |              | ebout home,                                                                                         | farm, factory, street, of Home |                        |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| M           | 2 1D. TIME<br>INJURY<br>ULY 2                                                                                                                                                                                                                                           | (Month) (14, 1950      |              | ear) (Hour)  21E. INJURY OCCURRED  15 A.m. WHILE AT WORK AT WORK PID INJURY OCCURRED Pipe in cellar |                                |                        |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
|             | the ev                                                                                                                                                                                                                                                                  | idenee ob<br>eath in m | tained by    | said Auto                                                                                           | remains desc                   | ribed ab               | ove, held an Inspect                 | ion & Inquires Inspection or Inquires ceased died on to the control of the contro | he day stated above undetermined .  3c. DATE SIGNED |
|             | 4A. BURIAL.                                                                                                                                                                                                                                                             |                        | 4B. PATE     | · all                                                                                               | 24c. NAME OF                   | EMETER                 | O.   MEDICAL INVESTIGATORY   24D. LC | OCATION (City, town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | July 24, 1950<br>n, or county) (State)              |
| 1           | Zurial                                                                                                                                                                                                                                                                  |                        | /27/3        | 2                                                                                                   | Morelan                        | 0 /1                   | Remorial Va<br>25. FUNERAL DIRECTOR  | ylor as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ADDRESS                                             |
|             | ATE RECEIVE<br>OCAL REGIST                                                                                                                                                                                                                                              |                        | GISTRAR      | ton W                                                                                               | lianes, M.                     |                        | Medied J. 15                         | Elight 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | og Harford                                          |
| V           | S isi                                                                                                                                                                                                                                                                   | 1991                   | X            | C. KERN                                                                                             | 6                              | 904                    | IP .                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 64a 6                                               |



| 533       |      |
|-----------|------|
| 50        | 6484 |
| BIRTH NO. |      |

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

|            | 50  | 6484 |
|------------|-----|------|
| Registered | No. |      |

| 1.<br>(T)                                                                                                    | NAME OF Department of the NAME OF Department | PECEASED Ame                                                | lia So     | ondheim                                       |                   |               | 2. DATE<br>OF<br>DEATH                  | uly 23                   | 3, 1     | 950                          |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------|-----------------------------------------------|-------------------|---------------|-----------------------------------------|--------------------------|----------|------------------------------|
| 3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.  4. USUAL RESIDENCE (Where deceased lived. If inst |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |            |                                               |                   |               |                                         | sidence<br>admission)    |          |                              |
| B. HC                                                                                                        | B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTIOR EVERY Apts. Lake Dr. & Linden Av                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |            |                                               | Maryland          |               | utside corpor te                        | 70                       | A RITE A | I. and give                  |
| IN                                                                                                           | STITUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | eveera Apts                                                 | . Lake     | Linden Av                                     | e Balt            | imore         |                                         | 7                        |          | township)                    |
|                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |            | Yrs.                                          | D. STREET ADDRE   |               |                                         |                          | -        |                              |
| ALC: THE REAL PROPERTY.                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | stay in Baltimore                                           | 83 yı      | Days                                          | Lake Dr.          |               |                                         |                          |          |                              |
|                                                                                                              | male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6.COLOR OR RACE                                             | 7. SINGL   | E, MARRIED,<br>VED DIVORCED (Specify)<br>L CO | July 12,1         |               | 9. AGE (In year<br>last birthday        | ms H Under I<br>Months I | Pays He  | Under 24 Hours<br>ours: Min. |
| 10.                                                                                                          | A. USUAL OC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CUPATION (Give kind of<br>of working life, even if retired) | 108. KIND  | OF BUSINESS OR                                | 11. BIRTHPLACE (S | State or fore | eign country)                           |                          | ITIZEN   | OF<br>OUNTRY?                |
|                                                                                                              | House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | wife                                                        |            | MADOO!A!                                      | Baltimor          |               |                                         |                          | Ina: c   | OONTRI                       |
| 13.                                                                                                          | FATHER'S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |            |                                               | 14. MOTHER'S MA   |               |                                         |                          |          |                              |
| 1 12                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Stern                                                       |            |                                               | Sallie G          | oldsm         | ith                                     |                          |          |                              |
| (Yes                                                                                                         | , nn or nnknnwn)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ED EVER IN U. S. ARME<br>(If yes, give war or date          | D FORCES?  | 16. SOCIAL<br>SECURITY NO.                    | David Sond        | heim          | Lake Dr                                 | .&Line                   |          | Ave.                         |
|                                                                                                              | 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7.0                                                         |            | CAUSE                                         | OF DEATH          |               |                                         |                          |          | BETWEEN<br>ND DEATH          |
|                                                                                                              | 700.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |            |                                               |                   |               |                                         |                          | NSEI A   | ND DEATH                     |
|                                                                                                              | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Secural Cytrus Sclerosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |            |                                               |                   |               |                                         | 102es                    | 100      | 173                          |
|                                                                                                              | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |            |                                               |                   |               |                                         |                          |          |                              |
|                                                                                                              | ANTECEDENT CAUSES Semilits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |            |                                               |                   |               |                                         |                          | 2        |                              |
| Z                                                                                                            | DISEASES OR CONDITIONS, IF ANY, GIVING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |            |                                               |                   |               |                                         |                          | 29       | 73                           |
| Ē                                                                                                            | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |            |                                               |                   |               |                                         |                          |          |                              |
| 0                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |            |                                               |                   |               |                                         | 0,200                    |          |                              |
| 님                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11                                                          |            | (C)                                           |                   |               | *************************************** |                          |          |                              |
| ER                                                                                                           | TRIBUTIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SIGNIFICANT COND<br>G TO THE DEATH, BUT                     | NOT RELAT  | ŁD .                                          |                   |               |                                         |                          |          |                              |
| 0                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF OPERATION                                                |            | FINDINGS OF OPER                              | ATION             |               | 1.444                                   |                          | 20. AU   | TOPSY?                       |
| CAL                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                           |            |                                               |                   |               |                                         |                          | YES [    | NO .                         |
| EDIC                                                                                                         | 21A. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in nr 21c. WHERE DID (If in Baltimore City, give e about home, farm, factory, atreet, office bldg., etc.)  INJURY OCCUR?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                               |                   |               |                                         | ity, give ex             | act loca | ation)                       |
| Σ                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Month) (Day) (Year                                         | ) (Hour)   | 21E. INJURY OCCURRI                           | ED 21F. HOW DID   | INJURY        | OCCUR?                                  |                          |          |                              |
|                                                                                                              | INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             | m.         | WHILE AT NOT WHILE                            |                   |               |                                         |                          |          |                              |
|                                                                                                              | 22. I herel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | by certify that I at                                        | tended the | deceased from Jand that death occur           | 195               | , to To       | eg 23 ,                                 | 19 <b>5</b> , tha        | t I las  | t saw the                    |
|                                                                                                              | deceased g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | live on July 27                                             |            | and that death occur                          | red at 3 2 m.     | , from the    | causes and                              |                          |          |                              |
|                                                                                                              | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | >\$10                                                       | ing        | M. D.                                         | The my            | rac           | cute 1                                  | 7 7                      | 1/2      | 4 S                          |
| TIC                                                                                                          | A. BURIAL.<br>N. REMOVAL (<br>Urial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Specifyi                                                    | ,1950      | Baltimore H                                   |                   |               | timore,                                 |                          | nty)     | (State)                      |
| DA                                                                                                           | TE RECEIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |            |                                               | 25. FUNERAL DIR   |               |                                         |                          | RESS     |                              |
| 9.1                                                                                                          | 111 2519                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TOTAL TOTAL                                                 | 1 waster   | Mianus, M. J.                                 | and R.            | Mart          | 1902                                    | Eutar                    | F Pl     | . •                          |
| J                                                                                                            | VS 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | No.                                                         | 6          |                                               |                   | 7             |                                         |                          | 0        |                              |

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| 6                     | 50<br>50<br>8TH NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 1.                    | NAME OF E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PECEASED MARCI                                                                       | A BROWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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DATE 0F 0F DEATH                                                                   | 3/50                                      |  |  |  |
| Α.                    | PLACE OF D<br>Baltimore (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City, Maryland                                                                       | minulent Hors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A. STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | B. COUNTY                                                                             | stitution: residence<br>before admission) |  |  |  |
|                       | SPITAL OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | niversite /                                                                          | for fit al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | c. CITY OR JOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C. CITY OF JOWN (If outside corporate limits with the AL and give Saltering township) |                                           |  |  |  |
| -                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | all Mississipping in Baltimore                                                       | M<br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D. STREET ADDRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Colonere St                                                                           |                                           |  |  |  |
|                       | SEX T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6. COLOR OR RACE                                                                     | 7. SINGLE, MARRIED,<br>WIDOWED DIVORCED (Sp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | elly) 2/18 migri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | na 1/27/47                                                                            | ths Days Hours Min.                       |  |  |  |
| worl                  | done during most                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CCUPATION (Give kind of<br>of yorking life, every fretired)                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                                                                                                                                                                                           | ate or foreign country                                                                | 2. CITIZEN OF<br>WHAT COUNTRY?            |  |  |  |
|                       | FATHER (9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | HAMEUR BI                                                                            | oun.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| (Ye                   | . WAS DECEAS<br>s, no or nnknown)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ED EVER IN US. ARMEI<br>(If yee, give war or date                                    | FORCES? 16. SOCIAL SECURITY N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 17. INFORMANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1608 H                                                                                | Celiny St.                                |  |  |  |
| MEDICAL CERTIFICATION | OTHER TRIBUTIN TO THE I 19A. DATE OF COLUMN | ent. Suicide.  nt (Specify)  (Month) (Day) (Year)  21, 1950 ?  by certify that 1 att | DIRECTLY TH Of dying, e.g., ins the disease, eaused death.)  SES  F ANY, GIVING STATING THE AST.  ACAUSING IT.  9B. MAJOR FINDINGS OF CO  218. PLACE OF INJURY (eabout home, farm, factory, street, office in the state of the sta | g. in or linguist of the lingu | ilmore St. 15/1                                                                       | her?                                      |  |  |  |
| 21                    | 23A. SIGNA<br>4A. BURIAL.<br>6N. REMOVAL (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | trethe 19                                                                            | Mounter M.D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                                                                                                                                                | Bolta Bolta                                                                           | 234 DATE SIGNED                           |  |  |  |
|                       | ATE RECEIVE<br>OCAL REGIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ED BY REGISTRAR                                                                      | SSIGNATURE HATTON WILLIAMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25. FUNERAL DIRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Relson 1303 /                                                                         | lesstman A                                |  |  |  |
|                       | Vs 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| BIRTH NO.                        | 6486                                                                  |                | CERTIFICAT                                   | E OF DEATI                                        | Н           | Registered                              | No.                          | 6486                                    |
| 1. NAME OF C<br>(Type or Print)  |                                                                       | loward         | Young                                        |                                                   | 100         | OF Jul                                  | y 23,                        | 1950                                    |
| 3. PLACE OF E                    | City, Maryland                                                        |                |                                              | 4. USUAL RESIDE                                   |             |                                         |                              | on; residence<br>efore admission)       |
|                                  |                                                                       | al or institut | ion, give street address or                  | Maryla                                            |             |                                         |                              |                                         |
| INSTITUTION                      | Johns Hopkin                                                          | s Hospi        | /                                            | c. CITY OR TOWN                                   |             | ide corporate lim                       | its, write                   | RURAL and give<br>township              |
|                                  |                                                                       |                | Yrs.                                         | Baltin                                            |             | , give location)                        |                              |                                         |
|                                  | stay in Baltimore                                                     | Life           | Mos.<br>Days                                 | 39 S.                                             | Bond St     | •                                       |                              |                                         |
| 5. SEX                           | 6. COLOR OR RACE                                                      |                | E. MARRIED.<br>ZED, DIVORCED (Specify)       | 8. DATE OF BIRTH                                  |             | AGE (In years last birthday)            | if Under 1 Yea<br>Ionths: Da |                                         |
| Male<br>104 USUAL OC             | Colored CUPATION (Give kind of                                        |                | ried<br>of Business or                       | 7/17/1894                                         |             | 56                                      | 1                            |                                         |
| vork done during most            | of worklog life, even if retired)                                     |                | INDUSTRY                                     |                                                   |             | ii country)                             |                              | TIZEN OF<br>HAT COUNTRY                 |
| 13. FATHER'S                     | NAME                                                                  | Truck:         | ing Co.                                      | Baltimore                                         | IDEN NAME   |                                         |                              |                                         |
| William                          | C. Ball                                                               |                |                                              | Elizabeth                                         | 1 ?         |                                         |                              |                                         |
| 15. WAS DECEAS                   | ED EVER IN U. S. ARMEI<br>(If you, give war or date                   | FORCES?        | 16. SOCIAL<br>SECURITY NO.                   | 17. INFORMANT                                     |             |                                         | ADDRESS                      | 3                                       |
| unknown                          |                                                                       |                | 218-10-225                                   | Sarah Yo                                          | ung-22      | 8 Bethe                                 | 1 Cou                        | rt                                      |
| 18. 6                            | 983X1                                                                 |                | CAUSE                                        | OF DEATH                                          |             |                                         |                              | ERVAL BETWEEN                           |
|                                  | SE OR CONDITION<br>LEADING TO DEA                                     | TH             | Skull                                        | fracture with                                     | 7,0000      | tion of h                               | - i                          |                                         |
| heart failt                      | s not mean the mode oure, asthenla, etc. It mes<br>complication which | ins the diseas | e,                                           |                                                   | Lavera      |                                         | T.21.T.T.                    |                                         |
|                                  | ANTECEDENT CAUS                                                       |                | ., 502 10                                    |                                                   |             |                                         |                              |                                         |
| 7 DISTANCE                       |                                                                       |                | (B)                                          |                                                   | •••••       |                                         |                              |                                         |
| RISE TO                          | S OR CONDITIONS, I<br>THE ABOVE CAUSE (A)<br>YING CONDITION LA        | STATING TH     |                                              |                                                   |             |                                         |                              |                                         |
| N N                              |                                                                       |                | (C)                                          | •••••••••••••                                     |             | *************************************** |                              | *************************************** |
| DISEASE RISE TO TUNDERL          | II<br>SIGNIFICANT COND                                                | ITIONS CON     | J _                                          |                                                   |             |                                         |                              |                                         |
| TRIBUTING                        | G TO THE DEATH, BUT                                                   | NOT RELATE     | D                                            | ••••                                              |             |                                         |                              | m. r.=                                  |
| U 19A. DATE                      | OF OPERATION 1                                                        | 9B. MAJOR      | FINDINGS OF OPER                             | ATION                                             |             |                                         | 20                           | AUTOPSY?                                |
| A STATES                         | NAL CALIET WAS                                                        | 1 21B. PLA     | CE OF INJURY (e.g., i                        | o or   21c. WHERE D                               | ID (If in   | Baltimore City,                         | give exac                    |                                         |
| U LITING TO                      | NAL CAUSE WAS<br>IG  OR CONTRIB-<br>CAUSE OF DEATH.                   | about home. f  | arm, factory, street, office bldg.,          | tc.) INJURY OCCUP                                 | R?          |                                         |                              |                                         |
| ∑ 21D. TIME                      | (Month) (Day) (Year)                                                  |                | e<br>2 IE. INJURY OCCURR                     | ED 21F. HOW DID                                   | INJURY OC   | t (wife's                               | Home,                        |                                         |
| July                             | 23, 1950 3                                                            | Pm.            | WHILE AT NOT WHILE                           | Blunt for                                         | ce-Hit      | with base                               | ball b                       | at                                      |
| 22. I certi                      | fy that I took char                                                   | ge of the      | remains described o                          | bove, held an Au                                  | topsy-Pa    | artial                                  | there                        | on and from                             |
| the ev                           | idence obtained by                                                    | said Auto      | psy, Inspection or li<br>rom: natural causes | Inquiry, find that                                | Said deceas | ection or Inquiry<br>Scd died on t      | the day                      | stated above, mined $\square$ .         |
| 23A, S GNA                       | TURE Valor                                                            | XX-            | М                                            | 23B. CHIEF ME<br>ASSISTANT ME<br>.D. MEDICAL INVE | DICAL EXAM  | INER                                    | 3c. DATE                     | 1950                                    |
| 24A. BURIAL,<br>TION, REMOVAL (S | Specify)                                                              |                | 24c. NAME OF CEMETE                          |                                                   |             | TION (City, town                        |                              | y) (State)                              |
| Burial DATE RECEIVE              | 7/27/50<br>D BY   REGISTRAR                                           |                |                                              | 25. FUNERAL DIRE                                  |             | ore Cit                                 | ADDRE                        | ess                                     |
| LOCAL REGIST                     | 50 Hutin                                                              | 1- 1/1         | liance, N. T.                                | J.L. Bur.                                         | vrlo        | - moni                                  | tome                         | ery le-                                 |
| V S 151 /                        | -803.2                                                                | 一一一            | insumments & 3.                              | 52                                                |             |                                         | 168                          | 1 0                                     |

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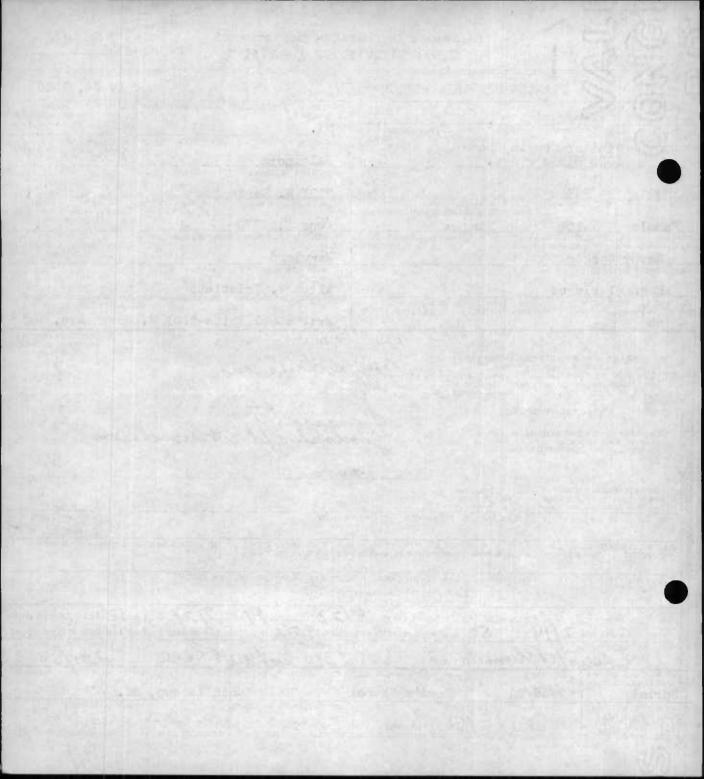
50 6487 BALTIMORE CITY HEALTH DEPARTMENT 6487 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED William Helis (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF JOHRS HOPKINS HOSPITEL HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. Mos. c. Length of stay in Baltimore Days 1886 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARKIED WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of ) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Wm. Helis Co. Greece Producer of Crude Oil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Helis Mary Stasinopoulos 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMANTS HOPKINS HOSPITAL **ADDRESS** (Yes, no or unknown) SECURITY NO. yes W. W. 1 18. CAUSE OF DEATH INTERVAL BETWEEN 63X1 DISEASE OR CONDITION DIRECTLY Carcumona of Lung, Rt. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION advanced & inoperable Carcinony, At 21c. WHERE DID (If in Baltimore City give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK AT WORK 1950 to\_ 7-10 \_, 1950, that I last saw the 22. I hereby certify that I attended the deceased from\_ \_, 1950 and that death occurred at 15 deceased alive on 7-25 A.m., from the causes and on the date stated above. 23c. DATE SIGNED 7-25-50-24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE removal New Orleans, Louisiana New Orleans DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR with ator Williams Mill 1217 St. Paul Street VS 150 290 22

inst. Minne The state of the s Commence of Surge Sel. (Seles) account to expend a lower of the long. Dentur D. Wiesen · 200 573-5

620 50 6488

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| BIRTH NO.                                   |                                                                                                       |                                        |                                                                 |                                            |                          |                                                             |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------|--------------------------------------------|--------------------------|-------------------------------------------------------------|
| I. NAME OF C<br>(Type or Print)             |                                                                                                       | S VIRGI                                | NIA PIERCE                                                      |                                            | 2. DATE<br>OF JU         | aly 24, 1950                                                |
|                                             | City, Maryland                                                                                        |                                        |                                                                 | 4. USUAL RESIDENCE (                       |                          | If institution; residence<br>before admission)              |
| HOSPITAL OR INSTITUTION V                   | OF (If not in hospit<br>Nindsor Nursia<br>3025 Windsor                                                | ng Home                                | ion, give street address or<br>location)                        |                                            | If outside corporate lie | RINAL and give township                                     |
|                                             | stay in Baltimore                                                                                     |                                        | Yrs.<br>Mos.<br>Days                                            | D. STREET ADDRESS (I                       |                          |                                                             |
| 5. SEX                                      | 6. COLOR OR RACE                                                                                      | 7. SINGLE                              | MARRIED. (ED, DIVORCED (Specify)                                | 8. DATE OF BIRTH                           | 9 AGF Un vears           | It Under 1 Year If Under 24 Hours<br>Months Days Hours Min. |
|                                             | White<br>CCUPATION (Give kind of<br>of working life, even If retired)                                 | Sing                                   | OF BUSINESS OR INDUSTRY                                         | June 7, 1870 11. BIRTHPLACE (State or      | 60 foreign country)      | 12. CITIZEN OF<br>WHAT COUNTRY                              |
|                                             | Worker                                                                                                |                                        |                                                                 | Maryland                                   | NAME                     |                                                             |
|                                             | el Pierce                                                                                             |                                        |                                                                 | Alice V. Tript                             |                          |                                                             |
| 15. WAS DECEAS<br>Yes, no or unknown)<br>NO | ED EVER IN U. S. ARMEI<br>(If yez, give war or date                                                   | FORCES?                                | 16. SOCIAL<br>SECURITY NO.<br>NO                                | 17. INFORMANT Mrs. Ethel Whi               | te-2101 W. 1             | ADDRESS                                                     |
| 18. 4                                       | 17 X .                                                                                                |                                        |                                                                 | OF DEATH                                   |                          | INTERVAL BETWEEN                                            |
| (This doe heart fail                        | SE OR CONDITION LEADING TO DEA es not mean the mode oure, asthenia, etc. It mean r complication which | TH<br>of dying, e. s<br>ans the diseas | se, (///                                                        | sufersion                                  |                          | ?                                                           |
|                                             | ANTECEDENT CAUS                                                                                       |                                        | Se                                                              | mility                                     |                          | 7                                                           |
| RISE TO                                     | ES OR CONDITIONS, I<br>THE ABOVE CAUSE (A)<br>YING CONDITION LA                                       | STATING TH                             |                                                                 | resaliè fet an                             | Acissele                 | wi                                                          |
| L OTHER                                     | II<br>SIGNIFICANT COND                                                                                | ITIONS CO                              | (C) . A                                                         | non                                        |                          |                                                             |
| TRIBUTING TO THE                            | NG TO THE DEATH, BUT<br>DISEASE OR CONDITION                                                          | NOT RELAT                              | ED<br>IT                                                        |                                            |                          | Lee Autopose                                                |
| 19A. DATE                                   | OF OPERATION 0                                                                                        |                                        | FINDINGS OF OPER                                                |                                            |                          | YES NO                                                      |
| 21A. ACCID<br>HOMICIDE                      | PENT, SUICIDE,<br>(Specify)                                                                           | 21B. PLA<br>about home,                | ACE OF INJURY (e. g., i<br>farm, factory, street, office bldg., | etc.) 21C. WHERE DID<br>1NJURY OCCUR?      | (If in Baltimore Cit;    | y, give exact location)                                     |
| INJURY                                      | (Month) (Day) (Year                                                                                   |                                        | 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK              |                                            | RY OCCUR?                |                                                             |
| 22. I here                                  | by certify that I at                                                                                  |                                        |                                                                 | /23 , 19 // to_<br>rred at 9:55 A m., from | / " /                    | So, that I last saw the the date stated above               |
| 23A. SIGNA                                  | TURE .                                                                                                | um m                                   | 0                                                               | 236. ADDRESS.<br>2310 Eutaw                | place                    | 23c. DATE SIGNED                                            |
| 24A. BURIAL.<br>TION, REMOVAL (<br>Burial   | (Specify) 248. DATE 7/26/50                                                                           |                                        | 24c. NAME OF CEMETE Ward's Chapel                               |                                            | LOCATION (City, to       |                                                             |
| LOCAL REGIS                                 |                                                                                                       | June 1/11                              | lliams, M.                                                      | 25 FUNERAL DIRECTOR                        | lever Y                  | Law Solly                                                   |
| VS 150                                      |                                                                                                       | 0                                      |                                                                 |                                            |                          | 00                                                          |

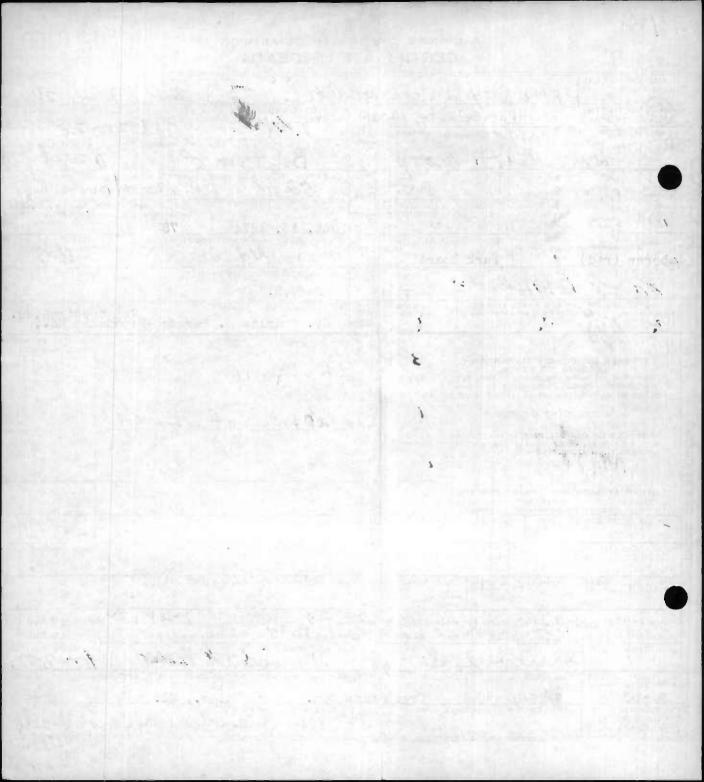


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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| egistered | No. |      |

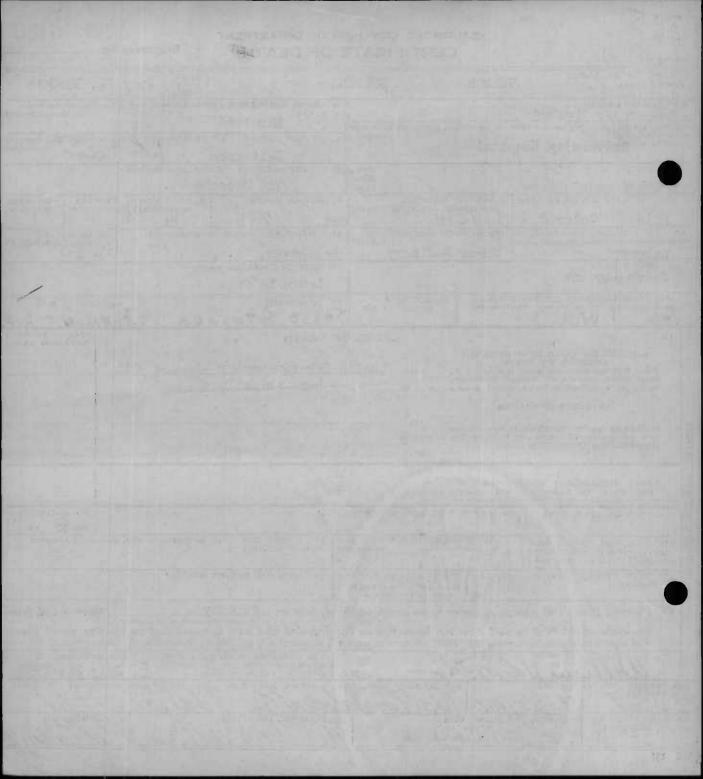
| BI           | RTH NO.                                    |                                         |                                                                                 |                                             |                                                      |          |                                           |                                   |                         |                                                       |
|--------------|--------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------|----------|-------------------------------------------|-----------------------------------|-------------------------|-------------------------------------------------------|
| (T;          | NAME OF DE                                 |                                         | DINK                                                                            | NEY=                                        | Whyte CA                                             | RR       | OLL                                       | 2. DATE<br>OF<br>DEATH            | 7 ~                     | 2450                                                  |
| A.<br>B.     | FULL NAME                                  | ity, M                                  | aryland U                                                                       | niver                                       | ion, give street address                             | 2 A. S   | USUAL RESIDENCE STATE                     |                                   |                         | tion: residence<br>before admission)                  |
|              | SPITAL OR<br>STITUTION                     | Un                                      | vers.                                                                           | M                                           | WOSD locati                                          | ion) c.  | BOL TOWN                                  | (If outside corporate             | Z8                      | e RURAL and give<br>(wnship)                          |
| c.           | Length of st                               |                                         |                                                                                 | 7                                           | 6 M. M. M                                            | rs. D. S | 5278                                      | If rupal, give location           |                         | yn Rd:                                                |
| 5.           | SEX                                        | 6.COL                                   | OR OR RACE                                                                      | 7. SINGLI<br>WIDOW                          | E. MARRIED,<br>VED, BIVORCED (Spe                    |          | t. 16. 1874                               | 9. AGE (In year<br>last birthday) | s H Under I<br>Months I | Year Hours 24 Hours<br>Days Hours Min.                |
| rork         | done during most of                        | (working                                | ON (Give kind of<br>life, even if retired)                                      | 108. KIND                                   | of Business of Indust<br>Board                       | 11.      | BIRTHPLACE (State of                      | r foreign country)                |                         | TIZEN OF                                              |
| 13           | FATHER'S N                                 | IAME                                    | CHA                                                                             | RLCS                                        | Carroll                                              | 14.      | Mary E.                                   | NAME                              |                         |                                                       |
| 15<br>Yes    | . WAS DECEASE<br>, no or unknown)          | D EVER                                  | IN U.S. ARMED                                                                   | FORCES?<br>of service)                      | 16. SOCIAL<br>SECURITY NO                            | 0. 17.   | INFORMANT<br>Ar. Charles H                | · Warner -N                       | Reisten<br>Lcodemi      | sstown, Md.                                           |
|              | (This does<br>heart failurinjury or        | LEADI<br>not me<br>re, asthe<br>complic | CONDITION NG TO DEAT ean the mode of enia, etc. It mea eation which c           | f dying, e.<br>ns the diseas<br>aused deatl | g., (A)                                              | C l      | nolemia                                   |                                   | 0                       | NTERVAL BETWEEN                                       |
| ERTIFICATION | DISEASES<br>RISE TO TI<br>UNDERLY          | OR COHE ABO                             | EDENT CAUS  DIDITIONS, III VE CAUSE (A) ONDITION LA  II CANT CONDI E DEATH, BUT | FANY, GIVII<br>STATING TI<br>ST.            | NG HE DUE TO  (C)                                    | IR R     | 60515 O                                   | t Live                            |                         |                                                       |
| AL C         | 19A. DATE O                                |                                         | RATION V                                                                        |                                             | FINDINGS OF O                                        | PERATIC  | DN .                                      |                                   |                         | 20. AUTOPSY?                                          |
| EDIC         | 21A. ACCIDE<br>HOMICIDE                    | NT, SU<br>(Spec                         |                                                                                 |                                             | ACE OF INJURY (e.<br>farm, factory, street, office b |          | 21c. WHERE DID<br>INJURY OCCUR?           | (If in Baltimore Ci               |                         |                                                       |
| Σ            | 21D. TIME (                                | Month)                                  | (Day) (Year)                                                                    |                                             | 21E. INJURY OCCU                                     | HILE     | 21F. HOW DID INJU                         | RY OCCUR?                         |                         |                                                       |
|              | 22. I herchy<br>deceased al<br>23A. SIGNAT | ive on                                  | Soul                                                                            | ended the 1950,                             | deceased from and that death of                      | 23B. A   | 23 1954 to<br>at 123° pm., from<br>Unwent | the causes and o                  | m the da                | t I last saw the te stated above.  DATE SIGNED  2400. |
|              | A. BURIAL, C                               |                                         | 248. DATE                                                                       |                                             | 24c. NAME OF CEM                                     | ETERYO   | R CREMATORY 24D                           | MOCATION (Gily, t                 | own, or cou             | nty) (State)                                          |
|              | Burial ATE RECEIVED CAL REGISTR            |                                         | 7/26/50<br>REGISTRAR'S                                                          |                                             | Greenmon                                             |          | FUNERAL DIRECTO                           | ickner &                          | Ins.                    | RES Balto                                             |
|              | VS 150                                     |                                         |                                                                                 | 0                                           | postadina jaga                                       |          | , 460                                     |                                   | 124                     | B B                                                   |



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 - 6490

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) VERNON STEVENS July 22, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Mary land B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION niversity Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Dength of stay in Baltimore 740 Waesche St. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | H Under | Year | H Under 24 Houss last birthday) | Months | Days | Hours | Min. Colored NGIR Male 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Sugar Refinery Laborer Bellhaven, Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Stevens Laura La Cata 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 20 (Yes, po or unknown) SECURITY NO. STRVENS 09 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Luetic Cardiovascular Disease with (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. cardiac failure injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes \$\infty\$, accident \$\superscript{\pi}\$, suicide \$\superscript{\pi}\$, homicide \$\superscript{\pi}\$, undetermined \$\superscript{\pi}\$. 23A. SISNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR..... July 24, 1950 24A. BURIAL, CREMA-C. NAME OF CEMETER 240. LQCATION (Lity, town, or county) DATE RECEIVED BY LOCAL REGISTRAR Villiance, M. V S 151



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| 0    | 6491 |
| BIRT | H NO |

50 6431

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF July 24, 1950 LILLTE LAKE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Franklin Square Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1827 W. Franklin Street igth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under | Year | If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) female colored appleo Aug. 1. 1881 10A. USUAL OCCUPATION (Givekindof 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY City school janitress Washington, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Shelton Barbara 15. WAS DECEASED EVER IN U. S. ARMED FORCES? You go or unknown) (If you, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (You no or unknown) SECURITY NO. Daniel Lake 1827 Franklin Street INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple myeloma (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., In or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER... July 24. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24B. DATE JON, REMOVAL (Specify) TE RECEIVED BY LOCAL REGISTRAR

V S 151

THISTENANCE RELIGIOUS DROWN LAS

| 400<br>50 6492<br>BIRTH NO.                                                                                          | BALTIMORE CITY HE                                                                                                                                                              | EALTH DEPARTMENT E OF DEATH Reg                                                                                                                                                             | 50 6492<br>istered No.                                                                            |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. NAME OF DECEASED (Type or Print) CLIFFOR                                                                          | D BELL                                                                                                                                                                         | 2. DATE<br>OF<br>DEATH                                                                                                                                                                      | July 23, 1950                                                                                     |
| HOSPITAL OR<br>INSTITUTION                                                                                           | hospital or institution, give street address or location)  At Hospital.  Yrs.  Mos.  Days  RACE 7. SINGLE, MARRIED.  WIDOWED, DIVORCED (Specify)                               | A. USUAL RESIDENCE (Where decease A. STATE B. CO Maryland C. CITY OR TOWN (If outside corp. Baltimore D. STREET ADDRESS (If rural, give lo 2431 Madison Avenue 8. Date Of BIRTH 19. AGE (II | ed lived. If institution: residence before admission) orate limits, write HURAL and give township |
| 10A. USUAL OCCUPATION (GIV<br>work done during most of working life, even if<br>night wat chman<br>13. FATHER'S NAME | Construction Went                                                                                                                                                              | 11. BIRTHPLACE (State or foreign country)  14. MOTHER'S MAIDEN NAME                                                                                                                         | WHAT COUNTRY                                                                                      |
| (Yes, no or unknown) (If yes, give wat                                                                               | or dates of service) SECURITY NO.                                                                                                                                              | Isabella Holley 2431                                                                                                                                                                        | Madison Avenue                                                                                    |
| DISEASE OR CONDITION OF TRIBUTING TO THE DEATH                                                                       | TION DIRECTLY DEATH mode of dying, c.g., It means the disease, hich caused death.)  CAUSES  DNS, IF ANY, GIVING EE (A) STATING THE  DUE TO  Rheum: (A)  Rheum: (B)  Tuber: (B) | OF DEATH  atic heart disease  culosis of left hip and                                                                                                                                       | INTERVAL BETWEEN ONSET AND DEATH                                                                  |
| U TO THE DISEASE OR CON                                                                                              | , BUT NOT RELATED                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                   |
| U 19a. DATE OF OPERATION                                                                                             | 198, MAJOR FINDINGS OF OPER                                                                                                                                                    |                                                                                                                                                                                             | YES NO X                                                                                          |
| 21A. EXTERNAL CAUSE W<br>UNDERLYING OR CON<br>UTING CAUSE OF DI                                                      | TRIB. about home, farm, factory, street, office bidg., e                                                                                                                       |                                                                                                                                                                                             | ore City, give exact location)                                                                    |
| Z 21D. TIME (Month) (Day) OF INJURY                                                                                  | (Year) (Hour) 21E. INJURY OCCURRI<br>WHILE AT NOT WHILE AT WORK AT WORK                                                                                                        | 21F. HOW DID INJURY OCCUR?                                                                                                                                                                  |                                                                                                   |
| the evidence obtained                                                                                                | charge of the remains described and by said Autopsy, Inspection or I inion resulted from: natural causes                                                                       | Autopsy, Inspection of inquiry, find that said deceased did is A accident , suicide , homics   238. CHIEF MEDICAL EXAMINER.                                                                 | r Inquiry ed on the day stated above ide, undctermined                                            |
| Klanley                                                                                                              | N. Durlackery                                                                                                                                                                  | D. MEDICAL INVESTIGATOR                                                                                                                                                                     | July 24, 1950                                                                                     |

24A. BURIAL, CREMA. 24B. DATE 24C. NAME OF CENTERRY OR THOM, REMOVAL (Specify) 7-26-1950 Artures 1100 DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE 250 DATE 1100 DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE 1100 DATE RECEIVED BY LOCAL RESIDENCE SIGNATURE 1100 DATE RESIDENCE SIGNAR SIGNATURE 1100 DATE RESIDENCE SIGNATURE 1100 DATE RESIDENCE SIGNATURE 1100 DATE RESIDENCE

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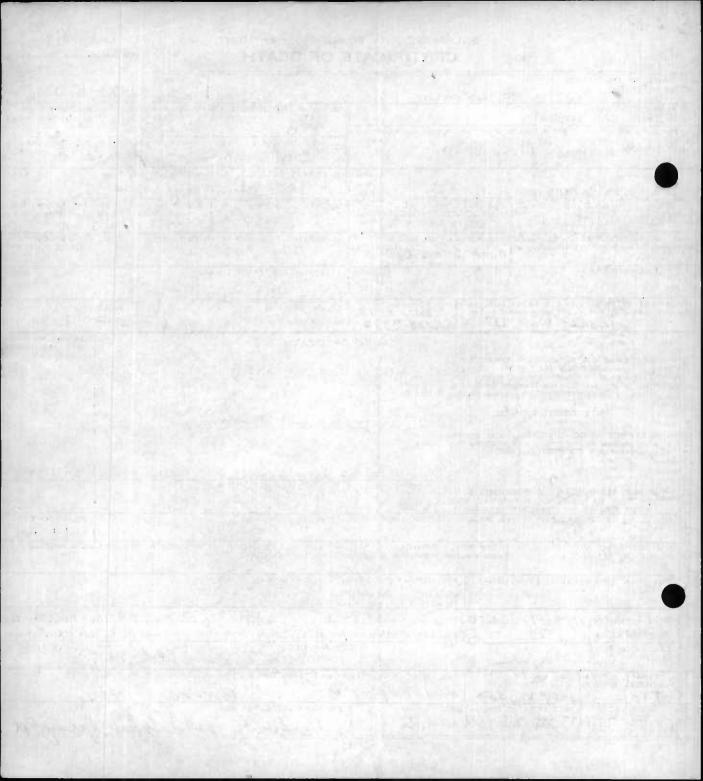
| Z            | 525                                                                                                                                                                                                                                        |                                                                                            |                           |                                |                                             |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------|--------------------------------|---------------------------------------------|--|
| ВІ           | 6493  CERTIFICATE OF DEATH  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.                                                                                                                                         |                                                                                            |                           |                                |                                             |  |
|              | NAME OF DECEASED  ype or Print)  Charles                                                                                                                                                                                                   | A. Johnson                                                                                 |                           | 2. DATE<br>OF<br>DEATH         | 24-50                                       |  |
| Α.           | PLACE OF DEATH:<br>Baltimore City, Maryland                                                                                                                                                                                                | al or institution, give street address or                                                  | 4. USUAL RESIDE           | ENCE (Where deceased lived, If | institution: residence<br>before admission) |  |
| H            | FULL NAME OF (If not in hospital OR ISTITUTION Lutheran 1-10                                                                                                                                                                               | location)                                                                                  | C. CITY OR TOWN           |                                | ts, write RURAL and give<br>township        |  |
|              |                                                                                                                                                                                                                                            | Yrs.<br>Mes.                                                                               | D. STREET ADDRE           | SS (If rural, give location)   | 205300                                      |  |
| -            | Length of stay in Baltimore                                                                                                                                                                                                                | 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)                                            | 8. DATE OF BIRTH          | - Jast hirthday) Me            |                                             |  |
|              | A. USUAL OCCUPATION (Give kind of )  depending mostlof working life, even if retired)                                                                                                                                                      | 108. KIND OF BUSINESS OR                                                                   | 12-16-0                   | State or foreign country)      | 12. CITIZEN OF                              |  |
|              | FATHER'S NAME                                                                                                                                                                                                                              | BOTH. STEEL CO.                                                                            | md                        |                                | WHAT COUNTRY                                |  |
|              | Unk                                                                                                                                                                                                                                        |                                                                                            | 14. MOTHER'S MAI          |                                |                                             |  |
| 15<br>(Ye    | WAS DECEASED EVER IN U. S. ARMED<br>(If yes, give war or detea<br>WORLD WAR                                                                                                                                                                | of service) SECURITY NO.                                                                   | 17. INFORMANT             |                                | DDRESS                                      |  |
| ERTIFICATION | DISEASE OR CONDITION  LEADING TO DEAT  (This does not mean the mode o heart failure, asthenia, etc. It mea injury or complication which c  ANTECEDENT CAUS  DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA | TH of dying, e.g., ms the disease, caused death.)  DUE TO  FANY, GIVING STATING THE DUE TO | versible She              | monage                         | ONSET AND DEATH                             |  |
| CERTIF       | OTHER SIGNIFICANT CONDI<br>TRIBUTING TO THE DEATH, BUT<br>TO THE DISEASE OR CONDITION                                                                                                                                                      | ITIONS CON-<br>NOT RELATED                                                                 | e heukem                  | k.\(\$                         | Calbury 12 suco.                            |  |
|              |                                                                                                                                                                                                                                            | 98, MAJOR FINDINGS OF OPER.                                                                | ATION                     | ilionesis uma el la            | 20. AUTOPSY?                                |  |
| 1EDICAL      | 21A. ACCIDENT, SUICIDE,<br>HOMICIDE (Specify)                                                                                                                                                                                              | 218. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e          |                           |                                | give exact location)                        |  |
| M            | 21D. TIME (Month) (Day) (Year)                                                                                                                                                                                                             | (Hour) 21E. INJURY OCCURRE  WHILE AT NOT WHILE  TWORK AT WORK                              | ED 21F, HOW DID           | INJURY OCCUR?                  |                                             |  |
|              | 22. I hereby certify that I att. deceased alive on 7.74                                                                                                                                                                                    | ended the deceased from 2-<br>, 19 30, and that death occur                                | -18 19 <b>-7</b>          |                                | I) that I last saw the                      |  |
|              | 23A. SIGNATURE                                                                                                                                                                                                                             |                                                                                            | 3B. ADDRESS<br>hy Huram b | from the causes and on t       | 23c. DATE SIGNED                            |  |
| TIC          | AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)  BURIAL Jaly 27.                                                                                                                                                                        | 1950 LOUDENPATE                                                                            |                           | BALTO. M                       | or county) (State)                          |  |
| L            | ATE RECEIVED BY REGISTRAN                                                                                                                                                                                                                  | S SIGNATURE                                                                                | 25. FUNERAL DIRE          | 1529 Sulkhun                   | ADDRESS RE                                  |  |

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| BIRTH NO.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                            |                                             |                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------|---------------------------------------------|-----------------------------------------------|
| 1. NAME OF DECEASED (Type or Print) Charles S                                                                                                                                                                                                                                                                                                                                                                            | tanley Crane                                                     |                            | 2. DATE OF DEATH Ju                         | 1- 22 1050                                    |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland                                                                                                                                                                                                                                                                                                                                                                           | Julian Julian                                                    |                            | ENCE (Where deceased lived. I               |                                               |
| B. FULL NAME OF (If not in hospital or institution Baltimere City HINSTITUTION 4940 Eastern A                                                                                                                                                                                                                                                                                                                            | (ospitalsocation)                                                | c. CITY OR TOWN            |                                             | its, write RURAL and give                     |
| 3 4940 Bastern A                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                            | Baltimore / 4                               |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                          | Yrs.<br>Mos.                                                     |                            | ESS (If rural, give location)               |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                          | Days Days                                                        | 8. DATE OF BIRT            |                                             | If Under 1 Year   If Under 24 Hours           |
| MIDON                                                                                                                                                                                                                                                                                                                                                                                                                    | WED, DIVORCED (Specify)                                          | April 24                   | last birthday) N                            | Aontha Days Hours Min.                        |
| 10A. USUAL OCCUPATION (Give kied of work dooe during most of working life, even if retired)  Lawyer                                                                                                                                                                                                                                                                                                                      | D OF BUSINESS OR INDUSTRY                                        |                            | State or foreign country)                   | 12. CITIZEN OF WHAT COUNTRY?                  |
| 13. FATHER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  | 14. MOTHER'S MA            | DEN NAME                                    |                                               |
| William, J.                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  | Mary,                      | Jane Kailer                                 |                                               |
| 15. WAS DECEASED EVER IN U. S. ARMED FC (CES? (Yes, no or unknown) (If yes, give wer or dates of service)                                                                                                                                                                                                                                                                                                                | 16. SOCIAL<br>SECURITY NO.                                       | 17. INFORMAN               |                                             | ADDRESS                                       |
| Yes   World # 1                                                                                                                                                                                                                                                                                                                                                                                                          | none                                                             | Records !                  | B.C.H. 4940 Eas                             | stern Ave,                                    |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING | g., (A)                                                          | ematosis<br>Esophogus      |                                             |                                               |
| . 19A. DATE OF OPERATION 19B. MAJOR                                                                                                                                                                                                                                                                                                                                                                                      | R FINDINGS OF OPER                                               | ATION                      |                                             | 20. AUTOPSY?                                  |
| Feb. 13-1950 Ca o                                                                                                                                                                                                                                                                                                                                                                                                        | f Esophogus                                                      |                            |                                             | YES X NO                                      |
| 21A. ACCIDENT WAS UNDER.   21B. PL                                                                                                                                                                                                                                                                                                                                                                                       | ACE OF INJURY (e. g., ic, farm, factory, street, office bldg., e | 21C. WHERE I               |                                             | give exact location)                          |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY                                                                                                                                                                                                                                                                                                                                                                             | 21E. INJURY OCCURRI                                              |                            | NJURY OCCUR?                                |                                               |
| 22. I hereby certify that I attended the deceased alive on 7-22-19,50                                                                                                                                                                                                                                                                                                                                                    | deceased from 11                                                 | -8-46 , 19<br>red at 6:15m | , to 7-22-50, 19<br>PW om the causes and on | _, that I last saw the the date stated above. |
| 23A. SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                           | M.D. 2                                                           | 3B. ADDRESS<br>4940 East   |                                             | 23c. DATE SIGNED 7-24-50                      |
| 24A. BURIAL, CREMA-<br>TION REMOVAL (Specify)<br>July 26,1950                                                                                                                                                                                                                                                                                                                                                            | 24c. NAME OF CEMETE Baltimore Na                                 |                            | Baltimore Cit                               |                                               |
| DATE RECEIVED BY   REGISTRAR'S SIGNAT                                                                                                                                                                                                                                                                                                                                                                                    | YRE                                                              | 79. FUNERAL DIS            |                                             | ADDRESS                                       |
| LOCAL REGISTRAR Thutwater Mil                                                                                                                                                                                                                                                                                                                                                                                            | liquid, Mile                                                     | 2. Verman You              | wamm 4611 Park                              | Heights Ave.                                  |
| JUL 25 1950                                                                                                                                                                                                                                                                                                                                                                                                              | /8                                                               | Thurst Offi                | 74770013                                    |                                               |
| 0 - 243 130                                                                                                                                                                                                                                                                                                                                                                                                              | 055                                                              | 80                         | 9_3                                         | 46a                                           |

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Yrs.

Mos.

Davs

50 - 6495Registered No.

BIRTH NO

3. PLACE OF DEATH:

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

A. Baltimore City, Maryland

c. Length of stay in Baltimore

| ype or Print) | Julia | Kolodzieski |
|---------------|-------|-------------|
|               |       |             |

6. COLOR OR RACE

2. DATE 7/25/50 OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence

Maryland

B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

Mar. 15, 1900

o. STREET ADDRESS (If rural, give location)

228 N. Ellwood Ave.

8. DATE OF BIRTH

9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF

WHAT COUNTRY?

WIDOWED, DIVORCED (Specify)
Married 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR work done during most of working life, even if retired)

228 N. Ellwood Ave.

Cigar Mfg. Co.INDUSTRY

7. SINGLE, MARRIED.

(If not in hospital or institution, give street address or

Baltimore 14. MOTHER'S MAIDEN NAME

ADDRESS

13. FATHER'S NAME Micheal Cebulski

16. SOCIAL

Mary Zawalski

17. INFORMANT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or detes of service)

18.

RTIFIC

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CAUSE OF DEATH

James Kolodzieski- 228 N. Ellwood Ave. INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

21c. WHERE DID

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT 194. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY (If in Baltimore City, give exact location)

218. PLACE OF INJURY (e. g., in or ZIA. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT

INJURY

22. I hereby certify that I attended the deceased from beared. , 1950, to July 1950, that I last saw the deceased alive on 1950, and that death occurred at 1:10Am., from the causes and on the date stated above. 476 & Chikum Book Are

238. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

St. Stanislaus

24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or ocunty) Baltimore,

Burial 6/28/50 DATE RECEIVED BY

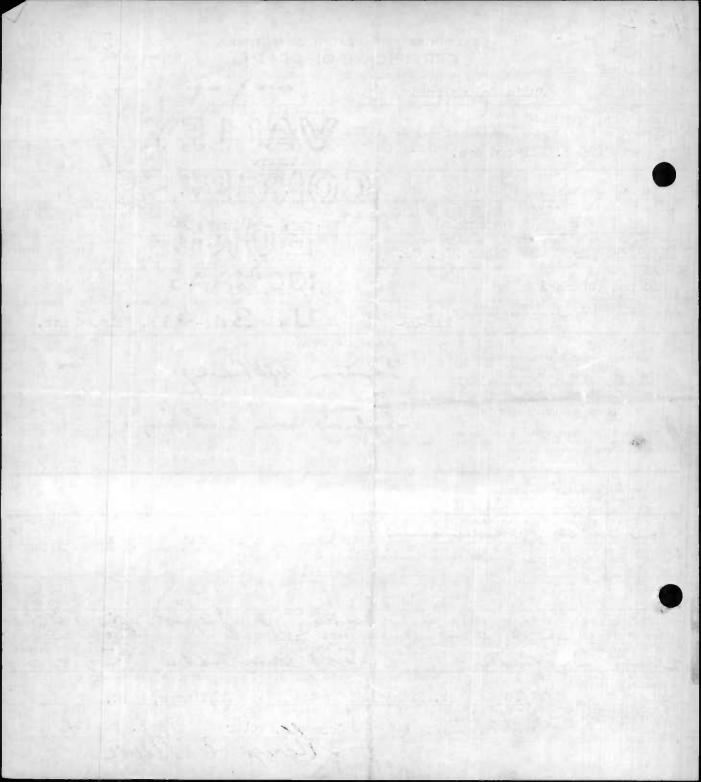
REGISTRAR'S SIGNATURE huitington Williams, M. 25. FUNERAL DIRECTOR George K. Weber

705 S. Ann St.

ADDRESS

VS 150

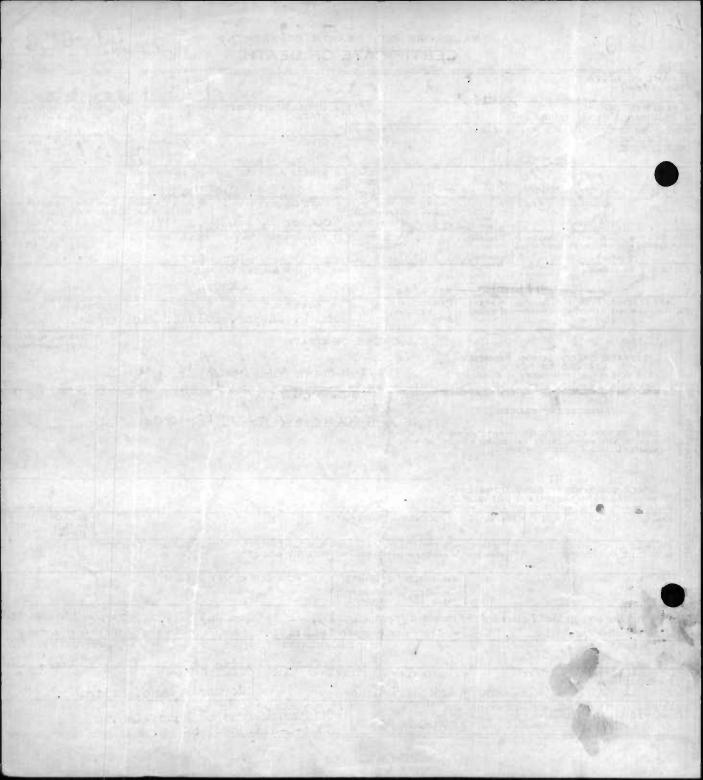
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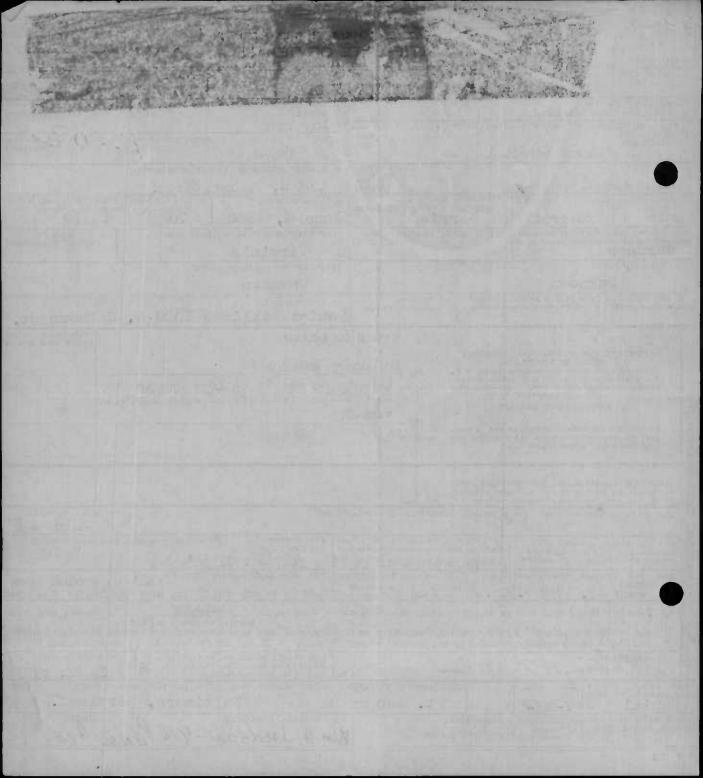


| 21    | 16   |
|-------|------|
| 0     | 6496 |
| BIRTH | NO.  |

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| BIRTH NO.                                                                                                                    |               |                                                        |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. NAME OF DECEASED (Type or Print)                                                                                          |               |                                                        | 2. DATE<br>OF<br>DEATH JII] V | 23. 1950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| s. PLACE OF DEATH: A. Baltimore City, Maryland                                                                               |               | . USUAL RESIDENCE (                                    |                               | institution: residence<br>before admission)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| B. FULL NAME OF (If not in hospital or institution, give str<br>HOSPITAL OR                                                  | 9 , 0 1       | Md CITY OR TOWN ()                                     | f outside corporate limi      | ts, write RURAL and give                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| St. Joseph's                                                                                                                 |               | Ealtimore                                              | 7-                            | township)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                              |               | STREET ADDRESS (1                                      | rural, give location)         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| c. Length of stay in Baltimore 28 years                                                                                      | Mos.<br>Days  | 2819 E. Mac                                            | lison St.                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOF                                                                     | D. B.         | DATE OF BIRTH                                          | 9. AGE (In years)             | It Under 1 Year It Under 24 Hours onths Days Hours Min.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| F. W. Married                                                                                                                |               | ctober 1, 1902                                         | 47                            | July July July July July July July July                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 10A. USUAL OCCUPATION (Give kind of NOB. KIND OF BUSI work doos during most of working life, even if retired)                | NESS OR 11    | . BIRTHPLACE (State or                                 | foreign country)              | 12. CITIZEN OF<br>WHAT COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                              | ocery Stor    | e Czechoslova                                          | kia                           | U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 13. FATHER'S NAME                                                                                                            |               | MOTHER'S MAIDEN                                        |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| unknown                                                                                                                      | E - 100 A     | unkn                                                   | own                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOC. (Yes, no or ookoowo)   (If yes, give war or dates of service)   SEC. |               | . INFORMANT                                            | ,                             | DDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| (153, Ho or opening) (1. yes, give war or dates of scratce)                                                                  | URITY NO. JO  | hn C. Kaspar,                                          | 2819 E. Madis                 | on St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                              | , Lore        | ema of hea<br>eveast<br>noma of a                      | of the formach                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OTHER SIGNIFICANT CONDITIONS CON- INTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.          |               |                                                        |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 19A. DATE OF OPERATION   19B. MAJOR FINDING                                                                                  | S OF OPERATI  | ON                                                     |                               | 20. AUTOPSY?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 7                                                                                                                            |               |                                                        |                               | YES X NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Z1A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF IN about home, farm, factory, a                                    |               | 21c. WHERE DID<br>INJURY OCCUR?                        | If in Baltimore City,         | give exact location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                              | RY OCCURRED   | 21F. HOW DID INJUF                                     | Y OCCUR?                      | STATE OF THE STATE |
| m. WHILE AT                                                                                                                  | NOT WHILE     | ECHANON, MI                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 22. I hereby certify that I attended the deceased                                                                            | from July     | 13, , 1950 to                                          | July 23, ,195                 | O, that I last saw the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| deceased alive on July 23, 19 50, and that                                                                                   |               | ADDRESS                                                | the causes and on t           | 23c. DATE SIGNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 12/27/08/07/                                                                                                                 |               | OO N Caroling                                          | 2.1                           | July 23, 195                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 24A. BURIAL, CREMA-<br>TION, REMOVAL (Specify)                                                                               | E OF CEMETERY | OR CREMATORY 24D.                                      | OCATION (City, town           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Burial July 26.1950 Oak H                                                                                                    | ill Cemete:   | ny Nom                                                 | ner's Lane, B                 | alto Md                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  1111 2 5 1950                                                        | 25            | FUNERAL DIRECTOR<br>Schimunek Funer<br>2601-3-5 E. Mac | al Home, Inc                  | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| VS 150                                                                                                                       | 1.1.0         | 1                                                      | and the                       | 1/0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                              | 4906          | 17                                                     |                               | 4612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |



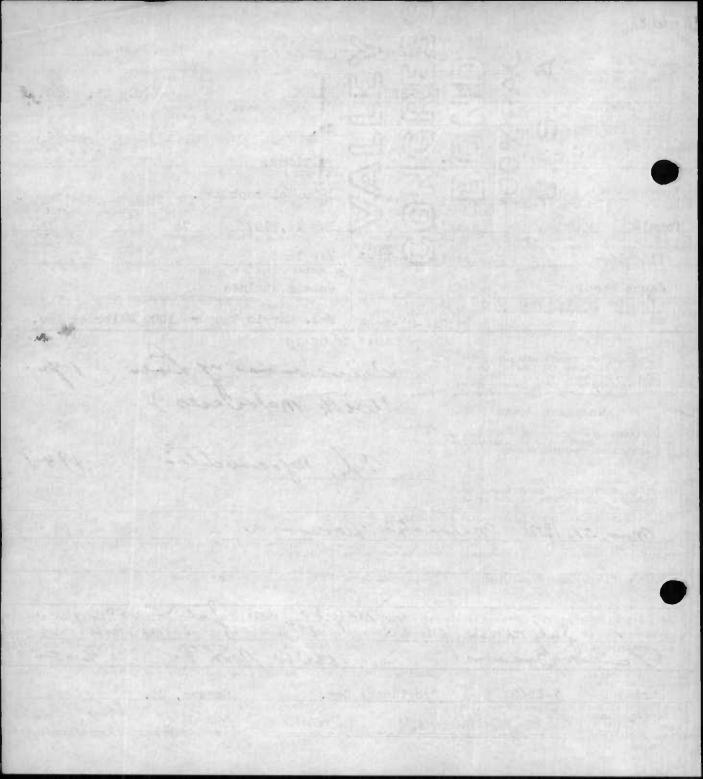


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

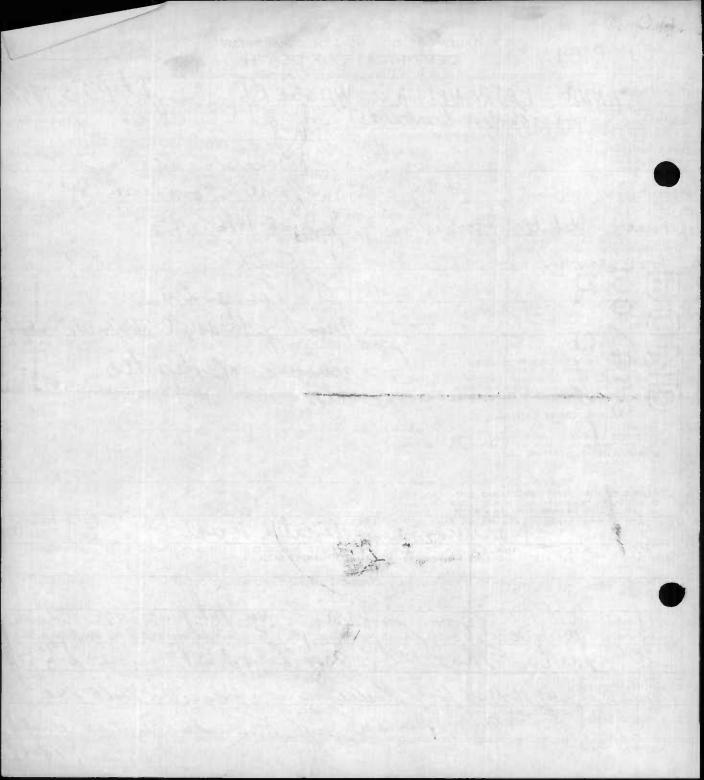
50 6498 Registered No.

|    | -   | 1 | 8 ( | 1,0 | 5 |
|----|-----|---|-----|-----|---|
| BI | RTI | H | NO  | 3.0 | ) |
| -  |     |   | -   | -   | - |

|                                                                            | NAME OF D          | ECEASED                                           |                  |                             | - 1                            |                                                                                                          | 2. DATE                                   |               |  |  |
|----------------------------------------------------------------------------|--------------------|---------------------------------------------------|------------------|-----------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|--|--|
| (T)                                                                        | pe or Print)       | I                                                 | LORENCE          | (FLORRIE)                   | E.                             | WHEELER                                                                                                  | DEATH July 25, 1950                       |               |  |  |
| s. PLACE OF DEATH:<br>a. Baltimore City, Maryland                          |                    |                                                   |                  |                             |                                | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) |                                           |               |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or |                    |                                                   |                  |                             |                                |                                                                                                          |                                           |               |  |  |
| HOSPITAL OR location)                                                      |                    |                                                   |                  |                             |                                | C. CITY OR TOWN (If outside corporate matts, wrantle call and give township)                             |                                           |               |  |  |
| 1909 Walbrook Ave.                                                         |                    |                                                   |                  |                             |                                | Baltimore                                                                                                |                                           |               |  |  |
|                                                                            |                    |                                                   |                  |                             | rs.<br>los.                    | D. STREET ADDRESS Ilf r                                                                                  |                                           |               |  |  |
|                                                                            | Length of s        | tay in Baltimore                                  | 7. SINGLE.       |                             | ays                            | 8. DATE OF BIRTH                                                                                         | 9. AGE (in years   Il Under I Year   II U | nder 24 Hours |  |  |
|                                                                            |                    | O.COLOR OR RACE                                   | WIDOWE           | D. DIVORCED (Sp             | ecify)                         |                                                                                                          | last birthday) Months Days Hou            |               |  |  |
|                                                                            | female             | White<br>CUPATION (Givekind of                    | Sing             | F BUSINESS OF               | R                              | May 15, 1875  11. BIRTHPLACE (State or for                                                               | eign country)   12 CITIZEN                | OF.           |  |  |
|                                                                            | done during most o | of working life, even if retired)                 |                  | INDHE                       | TRY                            | WHAT COUNTRY?                                                                                            |                                           |               |  |  |
| 13                                                                         | floorl.            |                                                   | Wholes           | ale Clothis                 | dġ_                            | Maryland 14. MOTHER'S MAIDEN NAME                                                                        |                                           |               |  |  |
|                                                                            |                    | Wheeler                                           |                  |                             |                                |                                                                                                          |                                           |               |  |  |
| 15                                                                         |                    | ED EVER IN U.S. ARME                              | FORCES?          | 16. SOCIAL                  |                                | Jennie Staines                                                                                           |                                           |               |  |  |
|                                                                            |                    | (If yes, give war or date                         |                  | SECURITY N<br>214-01-55     |                                | Mrs. Carrie Smoyer 1909 Walbrook Ave.                                                                    |                                           |               |  |  |
| ī                                                                          | 1                  |                                                   | 1                | THE RESERVE                 |                                | •                                                                                                        | INTERVAL                                  |               |  |  |
|                                                                            | 18.                | 1                                                 |                  | CAU                         | ) E                            | OF DEATH                                                                                                 | ONSET AN                                  | ID DEATH      |  |  |
|                                                                            |                    | LEADING TO DEA                                    | TH               | N                           | · · · · · · · ·                | 1 done 14                                                                                                | 2.                                        |               |  |  |
|                                                                            | heart failu        | s not mean the mode<br>are, asthenia, etc. It mes | ins the disease, |                             | a                              | 9                                                                                                        | _                                         |               |  |  |
|                                                                            | injury or          | complication which                                | caused death.)   | DUE TO                      |                                | ith malada                                                                                               | ees)                                      |               |  |  |
|                                                                            |                    |                                                   |                  |                             |                                |                                                                                                          |                                           |               |  |  |
| 5                                                                          | DISEASE            | S OR CONDITIONS,                                  | F ANY, GIVING    | (B)                         |                                |                                                                                                          |                                           |               |  |  |
|                                                                            | RISE TO 1          | THE ABOVE CAUSE (A)                               | STATING THE      |                             | /                              |                                                                                                          | 0                                         |               |  |  |
| II (c)                                                                     |                    |                                                   |                  |                             |                                | 4. myrear a                                                                                              | 19:                                       | 47            |  |  |
|                                                                            |                    |                                                   |                  |                             |                                | 4.                                                                                                       |                                           |               |  |  |
| ۲<br>ا                                                                     |                    | GIGNIFICANT COND                                  |                  |                             |                                |                                                                                                          |                                           |               |  |  |
| U                                                                          | TO THE D           | SEASE OR CONDITION                                | A CAUSING IT     |                             | DEE                            | ATION                                                                                                    | 20. AUT                                   | OPSY?         |  |  |
| 1                                                                          | Ma. DATE C         | 1950                                              | mel              | nohi                        | Parcona                        | YES                                                                                                      | NO T                                      |               |  |  |
| ٥                                                                          |                    | ENT, SUICIDE,                                     |                  | E OF INJURY                 |                                | in Baltimore City, give exact loca                                                                       |                                           |               |  |  |
| E C                                                                        | HOMICIDE           | (Specify)                                         | about bome, far  | rm, factory, street, office | etc.) INJURY OCCUR?            |                                                                                                          |                                           |               |  |  |
| Ξ                                                                          | - 1D. TIME         | (Month) (Day) (Year                               | (Hour)   2       | 1E. INJURY OCC              | RED 21F. HOW DID INJURY OCCUR? |                                                                                                          |                                           |               |  |  |
| L                                                                          | INJURY             |                                                   |                  | HILE AT NOT W               |                                |                                                                                                          |                                           |               |  |  |
| ı                                                                          | 22 / 1             | y certify that I at                               |                  | WORK - III W                | 4 20 1050 to                   | ula 25 1950 that I last                                                                                  | onn the                                   |               |  |  |
|                                                                            | deceased a         | line on that I at                                 | Light of a       | and that death of           | ched at 145 a m front th       | e causes and on the date state                                                                           | ed above                                  |               |  |  |
|                                                                            | 23A 815NA          | TURE /                                            | r, 10.5.2, u     | na that action o            | 1 2                            | 38. ADDRESS                                                                                              | 23C. DATE                                 | SIGNED        |  |  |
|                                                                            | Pa                 | ues you                                           | ww               | м. с                        | s.                             | 1663 W. Month                                                                                            | 7-25                                      | -50           |  |  |
| 2.                                                                         | AA. BURIAL,        | CREMA- 248. DATE                                  | 2                |                             |                                | RY OR CREMATORY 240, LC                                                                                  | CATION (City, town, or county)            | (State)       |  |  |
| 110                                                                        | Burial             | 7/28/5                                            | 50               | Providence                  | se                             | Cem. Gam                                                                                                 | ber. Md.                                  | 2             |  |  |
| D                                                                          | ATE RECEIVE        | D BY   REGISTRAR                                  | S SIGNATUI       |                             |                                | 25 FUNERAL DIRECTOR                                                                                      | ADDRESS ADDRESS                           | alto          |  |  |
| L.                                                                         | OCAL REGIST        | 950 Hutie                                         | ton Mill         | iance, Alm                  |                                | Wrm. J. Vic                                                                                              | mus vova                                  | and I         |  |  |
| 9                                                                          | VS 150             | 4                                                 |                  |                             |                                | 1                                                                                                        | 1.21                                      | ma.           |  |  |
|                                                                            | V3 130             |                                                   |                  | 100                         |                                | V                                                                                                        | 146 F                                     |               |  |  |



| 2           | 40                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                          |                                                                                   |                                                        |               |                                 |               |                       |                                                   |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------|---------------|---------------------------------|---------------|-----------------------|---------------------------------------------------|
| BI          | 50 6499 BALTIMORE CITY HE CERTIFICATI                                                                                                                                                                                                                                                                            |                                              |                                                                                                                          |                                                                                   |                                                        |               |                                 | ENT           | Registered No.        | 6499                                              |
|             | NAME OF<br>ype or Print                                                                                                                                                                                                                                                                                          |                                              | A P                                                                                                                      | ETRAI                                                                             | VELLA                                                  | W             | 7 SSELL                         |               | OF JULY               | 23 1950                                           |
| Α.          | PLACE OF<br>Baltimore                                                                                                                                                                                                                                                                                            | City, N                                      |                                                                                                                          | 635 W.                                                                            | Lombard                                                | >4 ~          | USUAL RESIDENCE                 |               |                       | titution : residence<br>before admission)         |
| H           | FULL NAM<br>OSPITAL OF<br>STITUTION                                                                                                                                                                                                                                                                              | 3                                            | if not in hospi                                                                                                          | tal or instituti                                                                  | on, give street addre<br>locat                         |               | Sall                            | (If outsid    | e corporate limits, w | rite RURAL and give township)                     |
| C.          | Length of                                                                                                                                                                                                                                                                                                        | stay in                                      | Baltimore                                                                                                                | 4                                                                                 | + 9 42 - M                                             | rs. D. S. ays | 3/2 W                           | (If rural,    | mfacel                | Su                                                |
| 7           | emal                                                                                                                                                                                                                                                                                                             | . (                                          | Uhite                                                                                                                    | WIDOW                                                                             | MARRIED.<br>ED, DIVORCED (Sp                           |               | Jugas- 18                       | 07/ la        |                       | er I Year II Under 24 liours<br>S Days Hours Min. |
| work        | doneduring mo                                                                                                                                                                                                                                                                                                    | et of working                                | ION (Give kind o                                                                                                         | 10B. KIND                                                                         | OF BUSINESS OF                                         |               | BIRTH PLACE (Stat               | te or foreign | country)   12         | CITIZEN OF WHAT COUNTRY?                          |
| 13          | . FATHER'S                                                                                                                                                                                                                                                                                                       | NAME                                         | 4                                                                                                                        |                                                                                   |                                                        | 14.           | MOTHER'S MAIDI                  | EN NAME       | * a                   |                                                   |
| 15<br>(Yes  | , no or unknow                                                                                                                                                                                                                                                                                                   | SED EVER                                     | IN U.S. ARME<br>s, give war cr dat                                                                                       | D FORCES?                                                                         | 16. SOCIAL<br>SECURITY N                               | o. 7          | INFORMANT                       | (1) ass       | 00 813/               | RESS P                                            |
| RTIFICATION | (This do heart far injury of DISEAS                                                                                                                                                                                                                                                                              | LEAD pes not m ilure, asth or complic  ANTEC | CONDITION CONDITION ING TO DE/ can the mode cation, etc. It me cation which CEDENT CAU ONDITIONS, VE CAUSE (A ONDITION 1 | ATH of dying, e. g ans the disease caused death. USES  IF ANY, GIVIN ) STATING TH | (B)                                                    | rei           | yswa<br>L.                      |               |                       | INTERVAL BETWEEN                                  |
| CER         | TRIBUTING TO THE DEATH, BUT NOT RELATED                                                                                                                                                                                                                                                                          |                                              |                                                                                                                          |                                                                                   |                                                        |               |                                 |               |                       |                                                   |
| AL          | 19A. DATE                                                                                                                                                                                                                                                                                                        | OF OPE                                       | RATION                                                                                                                   | 196. MAJOR                                                                        | FINDINGS OF O                                          | PERATIO       | exatic 1                        | Juct          |                       | YES NO                                            |
| (EDIC)      | 21A. ACCII<br>HOMICIDE                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                          |                                                                                   | CE OF INJURY (derm, factory, street, office b          |               | 21c, WHERE DID<br>INJURY OCCUR? | (If in E      | altimore City, give   |                                                   |
| Σ           | D. TIME                                                                                                                                                                                                                                                                                                          |                                              | (Day) (Year                                                                                                              |                                                                                   | THE AT NOT W                                           |               | 21F, HOW DID IN                 | JURY OCC      | UR?                   |                                                   |
|             | 22. I hereby certify that I attended the deceased from 1000 ., 1946 to 100 3, 1950 that I last saw the decease galine on 1000, 1950 and the death occurred at 1000 m., from the causes and on the date state gabove.  23A. SINKTORE  23B. ADDRESS Local ST. 23C. DATE SIGNED  23C. DATE SIGNED  23C. DATE SIGNED |                                              |                                                                                                                          |                                                                                   |                                                        |               |                                 |               |                       |                                                   |
| 710         | N. BEMOVAL                                                                                                                                                                                                                                                                                                       | (Specify)                                    | 24B. DATE                                                                                                                | 1-19.52)                                                                          | Hele Ra                                                | lees          | R CREMATORY 2                   | AD. LOCATI    | ON (City, town, or    | county) (State)                                   |
|             | 10000                                                                                                                                                                                                                                                                                                            | ED BY                                        | REGISTRAR                                                                                                                | s signatu                                                                         | RE 144                                                 |               | FUNERAL DIRECT                  | TOR           | a de la               | DDRESS                                            |
|             | JUL 1208                                                                                                                                                                                                                                                                                                         | 3 1950                                       | 80                                                                                                                       |                                                                                   | 119. 4 (17. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15 | 0             | 1 1 0                           |               | 46F                   | Bu                                                |



· 42 5· 50 6500

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| 50 00                                                                                                                                                                                                                           | 30                                                 |                    | CERTIFICATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | F OF DEATH                                                                                     | Registered                              | No.            | 34.7         |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------|----------------|--------------|--|--|--|
| BIRTH NO.                                                                                                                                                                                                                       |                                                    |                    | CERTIN ICAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | L DI DEATH                                                                                     |                                         |                |              |  |  |  |
| 1. NAME OF DECEA<br>(Type or Print)                                                                                                                                                                                             |                                                    | or A               | Wilson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                | 2. DATE<br>OF<br>DEATH Ju               | ly 25.         | 1950         |  |  |  |
| 3. PLACE OF DEATH<br>A. Baltimore City,                                                                                                                                                                                         | Maryland                                           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE before admission) |                                         |                |              |  |  |  |
| B. FULL NAME OF<br>HOSPITAL OR                                                                                                                                                                                                  | (If not in hospit                                  | al or institut     | ion, give street address or<br>location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C. CITY OR TOWN (If outside corporate limits, write RURAL and give                             |                                         |                |              |  |  |  |
| Un                                                                                                                                                                                                                              | iversity I                                         | Hosp.              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Baltimore township)                                                                            |                                         |                |              |  |  |  |
|                                                                                                                                                                                                                                 |                                                    |                    | Yrs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D. STREET ADDRESS (If rural, give location)                                                    |                                         |                |              |  |  |  |
| c. Length of stay is                                                                                                                                                                                                            | n Baltimore                                        |                    | Mos.<br>Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6410 Pinehurst Rd. 5200                                                                        |                                         |                |              |  |  |  |
|                                                                                                                                                                                                                                 | DLOR OR RACE                                       | 7. SINGLE          | E, MARRIED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours                            |                                         |                |              |  |  |  |
| Female V                                                                                                                                                                                                                        | White                                              |                    | PED, DIVORCED (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Aug. 31, 1897                                                                                  | 52                                      | dontus; Days   | Hours, Min.  |  |  |  |
| 10A. USUAL OCCUPA                                                                                                                                                                                                               |                                                    |                    | OF BUSINESS OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11. BIRTHPLACE (State or for                                                                   | reign country)                          | 12. CITIZ      |              |  |  |  |
| ork done during most of worki<br>Housewife                                                                                                                                                                                      | ng hie, even ii retired)                           | At Ho              | INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Maryland What COUNTR                                                                           |                                         |                |              |  |  |  |
| 13. FATHER'S NAME                                                                                                                                                                                                               |                                                    |                    | ////                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 14. MOTHER'S MAIDEN NAME                                                                       |                                         |                |              |  |  |  |
| William H.                                                                                                                                                                                                                      | Winkelman                                          | 1                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Anna S. Aull                                                                                   |                                         |                |              |  |  |  |
| 15. WAS DECEASED EVI                                                                                                                                                                                                            | ER IN U. S. ARME                                   | D FORCES?          | 16. SOCIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 17. INFORMANT ADDRESS                                                                          |                                         |                |              |  |  |  |
| 1 cs, no or unknown) (11                                                                                                                                                                                                        | yes, give was or dass                              | os or service)     | SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mr. Donald Wilso                                                                               | on 6410 P                               | inehurst       | Rd.          |  |  |  |
| 18. 170                                                                                                                                                                                                                         | V                                                  |                    | CAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF DEATH                                                                                       |                                         | INTER          | VAL BETWEEN  |  |  |  |
| 1/                                                                                                                                                                                                                              | R CONDITION                                        | DIRECTIV           | 0,002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0. 024                                                                                         |                                         | ONSET          | AND OEATH    |  |  |  |
| LEA                                                                                                                                                                                                                             | DING TO DEA                                        | TH                 | Same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | almed Corre                                                                                    | and In                                  |                |              |  |  |  |
| (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  LEADING TO DEATH  (A) Senselly d. Carcinamical Courses  DUE TO |                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                         |                |              |  |  |  |
| injury or comp                                                                                                                                                                                                                  | injury or complication which caused death.) DUE TO |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                         |                |              |  |  |  |
| ANTECEDENT CAUSES                                                                                                                                                                                                               |                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                         |                |              |  |  |  |
| DISEASES OR                                                                                                                                                                                                                     | CONDITIONS.                                        |                    | ************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | 000000000000000000000000000000000000000 |                |              |  |  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO LINDED VINC CONDITION LAST                                                                                                                |                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                         |                |              |  |  |  |
| UNDERLYING CONDITION LAST.                                                                                                                                                                                                      |                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                         |                |              |  |  |  |
|                                                                                                                                                                                                                                 |                                                    | ****************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                         |                |              |  |  |  |
|                                                                                                                                                                                                                                 | FICANT COND                                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                         |                |              |  |  |  |
|                                                                                                                                                                                                                                 | THE DEATH, BUT                                     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | *************************************** |                |              |  |  |  |
| 19A. DATE OF OF                                                                                                                                                                                                                 | ERATION                                            | 198. MAJOR         | FINDINGS OF OPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RATION                                                                                         |                                         | 20.            | AUTOPSY?     |  |  |  |
| <u> </u>                                                                                                                                                                                                                        |                                                    | 1 22 2 2           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Loss WHERE DID /II                                                                             | YES CHARLE                              | NO             |              |  |  |  |
| 21A. ACCIDENT. S                                                                                                                                                                                                                | suicide,<br>pecify)                                |                    | ACE OF INJURY (e. g., i<br>farm, factory, street, office bldg.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | f in Baltimore City                     | , give exact   | iocation)    |  |  |  |
| TIME (Mont                                                                                                                                                                                                                      | h) (Day) (Year                                     | ) (Hour)           | 21E. INJURY OCCURR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ED 21F. HOW DID INJURY                                                                         | OCCUR?                                  |                |              |  |  |  |
| NJURY                                                                                                                                                                                                                           |                                                    | m.                 | WHILE AT NOT WHILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                         |                |              |  |  |  |
| 22 I hardy somifae that I attended the deserged from 7 - 8 1950 to 2 - 25 1950th                                                                                                                                                |                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                         |                |              |  |  |  |
| deceased alive of                                                                                                                                                                                                               | n 7-25                                             | 1950               | and that death occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rred at 11 30 Am., from th                                                                     | he causes and on                        | the date s     | tated above. |  |  |  |
| 23A. SIGNATURE                                                                                                                                                                                                                  | - 11                                               | , 2000,            | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 23B. ADDRESS                                                                                   | 1 11 10                                 | 23c. DA        | TE SIGNED    |  |  |  |
| 1 19.C. 0                                                                                                                                                                                                                       | baulch                                             | us h               | л м.о.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Unievert                                                                                       | L 407D.                                 | 1-0            | 15-50        |  |  |  |
| 24A. BURIAL, CREMI                                                                                                                                                                                                              | A. 248. DATE                                       | 170                | 24c. NAME OF CEMETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RY OR CREMATORY 24b. LC                                                                        | OCATION (Cyty, toy                      | vn, or county) | (State)      |  |  |  |
| TION, REMOVAL (Specify                                                                                                                                                                                                          | 7/28/50                                            |                    | Druid Ridge C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                | sville, Md                              | •              |              |  |  |  |
| DATE RECEIVED BY                                                                                                                                                                                                                |                                                    | SIGNATI            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25 FUNERAL DIRECTOR                                                                            | ner Vola                                | ADDRES         | agto.        |  |  |  |
| JUL 26 1950                                                                                                                                                                                                                     | 1                                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01/111.                                                                                        | 70-7                                    |                | Ma-          |  |  |  |
| VS 150                                                                                                                                                                                                                          | * <sub>0</sub> & 40 .                              | - 14 M             | of the state of th | 4                                                                                              |                                         | 4              | 92           |  |  |  |
|                                                                                                                                                                                                                                 |                                                    | Ar III             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | MAN SALA                                | -              | 1            |  |  |  |
|                                                                                                                                                                                                                                 |                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                         |                |              |  |  |  |

